Voluntary Front Door Agreement

## St. Louis City and County Continua of Care Coordinated Entry System

All ‘voluntary’ front doors (as defined in section 2 of the Coordinated Entry Policies and Procedures Manual) must complete an agreement which must be signed by a representative of the agency, a representative of the St. Louis City Continuum of Care, and the St. Louis County Continuum of Care prior to providing coordinated assessment services.

This agreement is made by and between the following parties:

1. Click here to enter agency/program name  
   Click here to enter agency/program street/mailing address
2. The St. Louis City Continuum of Care
3. The St. Louis County Continuum of Care

Click here to enter agency/program name, hereinafter referred to as “agency/program,” will begin providing front door services in accordance with the terms of this agreement and the requirements defined in the current edition of the Coordinated Entry Policies and Procedures Manual within 30 days after all signatures have been collected and will remain in effect indefinitely unless terminated in accordance with the terms of this document.

# General Population(s) Served

In accordance with *Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*, the following options for general population(s) served are permitted. The agency/program will provide coordinated assessment services to the population(s) indicated below (select all that apply).

Adults without children

Adults accompanied by children

Unaccompanied youth

Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or   
life-threatening conditions (including human trafficking)

Persons at-risk of homelessness

## Special Population(s)

If the primary mission of the agency/program is to serve a specialized population, they may choose to provide front door services exclusively to that population (select one).

The agency/program will provide coordinated assessment services to all clients in the general population(s) selected above.

The agency/program will provide coordinated assessment services only to clients in the general population(s) selected above who also meet the following criteria:   
Click here to enter description of special population(s).

# Housing or Prevention Navigation Services

The agency/project hereby agrees to ensure that all assessed clients are offered the opportunity to receive housing or prevention navigation services, either through the agency/project itself, or through a warm referral to a front door that has agreed to provide housing or prevention navigation services to the client.

The agency/project will offer housing or prevention navigation services as applicable to clients who have been assessed by the agency/project.

The agency/project will accept referrals for housing or prevention navigation services from other agencies/projects who have assessed clients but do not offer housing or prevention navigation services. The agency retains the right to decline referrals for housing or prevention navigation services if the agency does not have the capacity to serve additional clients at that time.

The agency/project will not provide housing or prevention navigation services, but will provide a warm referral to a front door that has agreed to provide housing or prevention navigation services to the client.

# Overview/Description

Please describe the process a typical client in your applicable population(s) would experience if they seek services from your front door. Please also include any additional information that you feel is necessary.

Click or tap here to enter text.

# Termination

Any party may terminate this agreement with 30 days written notice to the other parties.

# Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
Agency/Program Representative Name and Title (print) Agency Representative Signature Date

On behalf of the St. Louis City Continuum of Care:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
City CoC Representative Name and Title (print) City CoC Representative Signature Date

On behalf of the St. Louis County Continuum of Care:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
County CoC Representative Name and Title (print) County CoC Representative Signature Date