

## Case Conferencing Review Committee (CCRC) Referral Form

This form is for referring cases to the Case Conferencing Review Committee in rare and exceptional circumstances where the Coordinated Entry (CE) assessment or standard documentation does not fully capture a household's vulnerability or urgency. Only providers formally partnered with The Way Home and operating within the homeless response system may submit CCRC referrals. Participants, family members, or individuals outside the formal system can find information about Coordinated Entry on our website. Please complete all sections and submit to [CE@CFTHHOUSTON.ORG](mailto:CE@CFTHHOUSTON.ORG).

This form is not for households already being served by a The Way Home housing program and is not a grievance or complaint process; grievances must be submitted using the official grievance form. [TX-700 GRIEVANCE – SERVICES/HOUSING CLIENTS](#).

## Referring Provider Information:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Submission: \_\_\_\_\_ Participant HMIS ID: \_\_\_\_\_

## Summary of Circumstances

Provide a brief narrative describing the household's situation, why standard CE processes do not sufficiently capture their vulnerability, and the specific reason for referral. *(Attach additional pages if necessary.)*

## Summary:

## Review Criteria (Select all that apply)

- ☐ Urgent or severe health/safety threats (e.g., terminal illness, late-term pregnancy without shelter, risk of violence)
- ☐ Barriers to engagement (e.g., cognitive impairment, severe trauma, behavioral health)
- ☐ High emergency service utilization (e.g., frequent ER visits, arrests,

hospitalizations)

☐ Credible time-sensitive risks (e.g., recent victimization, deteriorating health)

☐ Other (please specify): \_\_\_\_\_

#### Documentation of CE Efforts

Summarize what actions have been taken through standard CE processes to engage and assist the household.

#### Desired Outcome or Support Requested

Explain what you hope the committee's review will achieve (e.g., prioritization adjustment, service coordination, housing match consideration).

By submitting this form, I affirm that:

- ☐ All information provided is accurate to the best of my knowledge.
- ☐ This referral meets the criteria for CCRC review as defined in *The Way Home CE Standards*.
- ☐ I understand that approval allows the household to be considered for matching to appropriate and available housing, shelter, case management, or treatment resources, but does not guarantee immediate placement or alter program eligibility.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Committee Use Only

Date Reviewed: \_\_\_\_\_

Members Present:

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Rationale Summary:

Decision: ☐ Approved ☐ Denied

Follow-Up Actions:

Compliance Statement:

☐ Reviewed for HUD/Fair Housing compliance

Lead Agency Reviewer: \_\_\_\_\_

Date Logged: \_\_\_\_\_