



Appendix D: Coordinated Entry Partner Agreement

Coordinated Entry Partnership Agreement

MACOMB COUNTY CONTINUUM OF CARE (MI-503 ST. CLAIR SHORES/WARREN/MACOMB)

Purpose

This Partner Agreement aims to document and communicate guidelines for agency participation in the Macomb County Coordinated Entry System (CES). CES is a collaborative initiative designed to create a more effective and efficient homeless response system and assure compliance with HUD mandates. By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in this Agreement and the Macomb County CES Policy and Procedures Manual. Further, the undersigned organizations agree to adopt and comply with Agreements to participate in CES.

By agreeing to be a CES Partner, your agency agrees to:

- Utilize the Macomb County CoC CES process policy and tools.
- Accept referrals based on the eligibility criteria your agency provides.
- Reduce barriers to housing access as applicable to the organization.
- Participate in the weekly Referral and Case Conferencing call.
- Implement the “no wrong door” approach to CE.
- Notify the CoC Lead Agency of any changes to staffing that impact CES.
- Refer all clients to (13221) *Macomb Community Action – Macomb Co. CE HARA* page through HMIS. If you are a non-HMIS using agency, follow the referral process as indicated in the Coordinated Entry Policy and Procedure.

Partner agency maintains the right to provide input to the development and implementation of the CES.

Data Quality & Sharing

By signing this agreement, partner agencies agree to:

1. Participate in required HMIS, CoC, and CES data sharing training as applicable.
2. Agree to HUD and State of Michigan data privacy, data rights, and data quality standards.
3. Respond to any data quality, completeness, or privacy concerns addressed by the HMIS Lead Agency.
4. Follow the CES process to ensure Client Privacy Rights are followed.
5. The HMIS Lead Agency will enter data if the partner agency is a non-HMIS provider, i.e., Domestic Violence Provider.

IN WITNESS WHEREOF, the undersigned, duly authorized representatives of the respective Partner Agency, have signed this Partnership Agreement:

Agency or Organization:	
Authorized Representative:	Title:
Email:	Phone:
Mailing Address:	

Authorized Representative Signature

Date

Below are the two staff members who are the primary contact(s) for 1) Referral & Case Conferencing Calls and 2) CES meetings.

Primary CES contact:

Name	Title	Email Address
Kristin DeFranco	Program Coordinator	Kristin.DeFranco@macombgov.org

Secondary CES contact:

Name	Title	Email Address
Liz Sergent	Program Supervisor	Elizabeth.Sergent@macombgov.org