

## ONE CHARLOTTE DV POLICIES AND PROCEDURES

If a client presents at the Center for Abuse and Rape Emergencies (CARE) and CARE **has** room in their shelter:

- CARE will provide shelter and case management services to the client and will make a referral to One Charlotte Coordinated Entry Process (OCCEP) once client is no longer fleeing and ready for Rapid Rehousing (RRH) assistance.
  - CARE will email client referral to the Director of Coordinated Services at the Gulf Coast Partnership (GCP).
    - Referral will contain a 4-digit client ID number generated by CARE, client first name, telephone number and verification letter. **(See Exhibit 1A)**
  - Dir. of Coordinated Services will refer client to Charlotte County Homeless Coalition (CCHC) for RRH and case management services.
  - CCHC will acknowledge receipt of referral within 24 business hours via email to Dir. of Coordinated Services.
  - CCHC will assign a case manager within 24 business hours of receipt of referral who will contact CARE within 24 business hours to complete a warm hand-off with client.
  - CCHC case manager will work to schedule face to face contact with client within 24 business hours of assignment.

If a client presents at CARE and CARE **does not** have room in their shelter:

- CARE will make a referral to SPARCC or other Domestic Violence (DV) shelter.
  - CARE will maintain contact with client and shelter staff until a bed opens at CARE shelter, at which time client will enter CARE shelter until no longer fleeing.
  - Once client is ready for housing, CARE will:
    - Email client referral to the Director of Coordinated Services at the Gulf Coast Partnership (GCP).
      - Referral will contain a 4-digit client ID number generated by CARE, client first name, telephone number and verification letter. **(See Exhibit 1A)**
      - Dir. of Coordinated Services will refer client to Charlotte County Homeless Coalition (CCHC) for RRH and case management services.
      - CCHC will acknowledge receipt of referral within 24 business hours via email to Dir. of Coordinated Services.
      - CCHC will assign a case manager within 24 business hours of receipt of referral who will contact CARE within 24 business hours to complete a warm hand-off with client.
      - CCHC case manager will work to schedule face to face contact with client within 24 business hours of assignment.

If a client presents through 2-1-1 or any other ACCESS Point:

- With client's permission, a direct referral to CARE will be made via telephone.
- CARE will conduct client assessment via telephone to determine if client is fleeing and in need of immediate assistance.
  - If immediate assistance is needed, CARE will work to meet with client in person within 20 – 30 minutes if possible but within the same day at minimum.

- CARE representative will work to speak with the referring agency's Intake Worker to communicate plan of action and next steps.
- If immediate assistance is not needed, CARE will work to schedule appointment with client.
  - CARE representative will work to speak with the referring agency's Intake Worker to communicate plan of action and next steps.
- If it is determined by CARE that client **does not** meet the definition of "fleeing," a standard referral can be made to OCCEP, if client is literally homeless.

If a client is in shelter at CCHC and reports, they are fleeing DV **after** intake:

- An immediate referral to CARE should be placed with client's permission to determine if client is fleeing and in immediate danger.
  - If CARE determines that client is fleeing, CARE will bring client into their shelter or make referral to other appropriate DV shelter/victim's service provider.

### Entering DV Clients into CIS: (See Exhibit 2A)

Step 1. Follow the same steps for adding a new non-DV client in CIS up until the client creation step.

Step 2. Create new client.

- Enter "**Anonymous**" in the *First* name box
- Leave *Middle* name box **blank**
- Enter "**Client**" in the *Last* name box
- Leave *Suffix* box **blank**
- Select "**Full Name Reported**" in the *Name Data Quality* box
- Enter **CARE Client ID number** in the *Alias* box
- Leave *Social Security Number* **blank**
- Select "**Client Refused**" in the *SSN Data Quality* box
- Select **Yes/No** for appropriate *Veteran designation* box
- **Do not** check the *Exact Match* box
- For *Date of Birth* enter **01/01** for the month and day but add the **actual year the client was born.**
- Select "**Full DOB Reported**" in the *DOB Data Quality* box
- Select "**Client Refused**" in the *Gender* box
- Select "**Client Refused**" in the *Primary Race* box
- Select "**Client Refused**" in the *Ethnicity* box

Step 3. Lock the client profile.

- Click on the green lock with the red "!" at the top right corner of your screen
- Click on the "-" sign next to the global icon
- Click exit and client file will lock

Step 4. Continue the steps you would follow for a non-DV client from this step on.

Exhibit IA



24 Hr. Hotline (941) 627-6000  
Business & TTY (941) 639-5499  
Fax (941) 639-7079  
Englewood (941) 475-6465  
SV Helpline (941) 637-0404

PO Box 510234  
Punta Gorda, FL 33951-0234  
www.carefl.org

December 28, 2018

Dear Participant # [REDACTED]

You may use this letter in whatever way you see fit. Per your request, this letter is to confirm that you have fled from an abusive relationship and have been staying in shelter and receiving victim services from the Center for Abuse and Rape Emergencies since December 12, 2018.

Please note that C.A.R.E. will not release any information about you without your written consent.

Sincerely Yours,

Jamie Hufford

Case Manager/Lead Advocate Supervisor

Exhibit 2A

**Client Search**

**1** Please Search the System before adding a New Client.

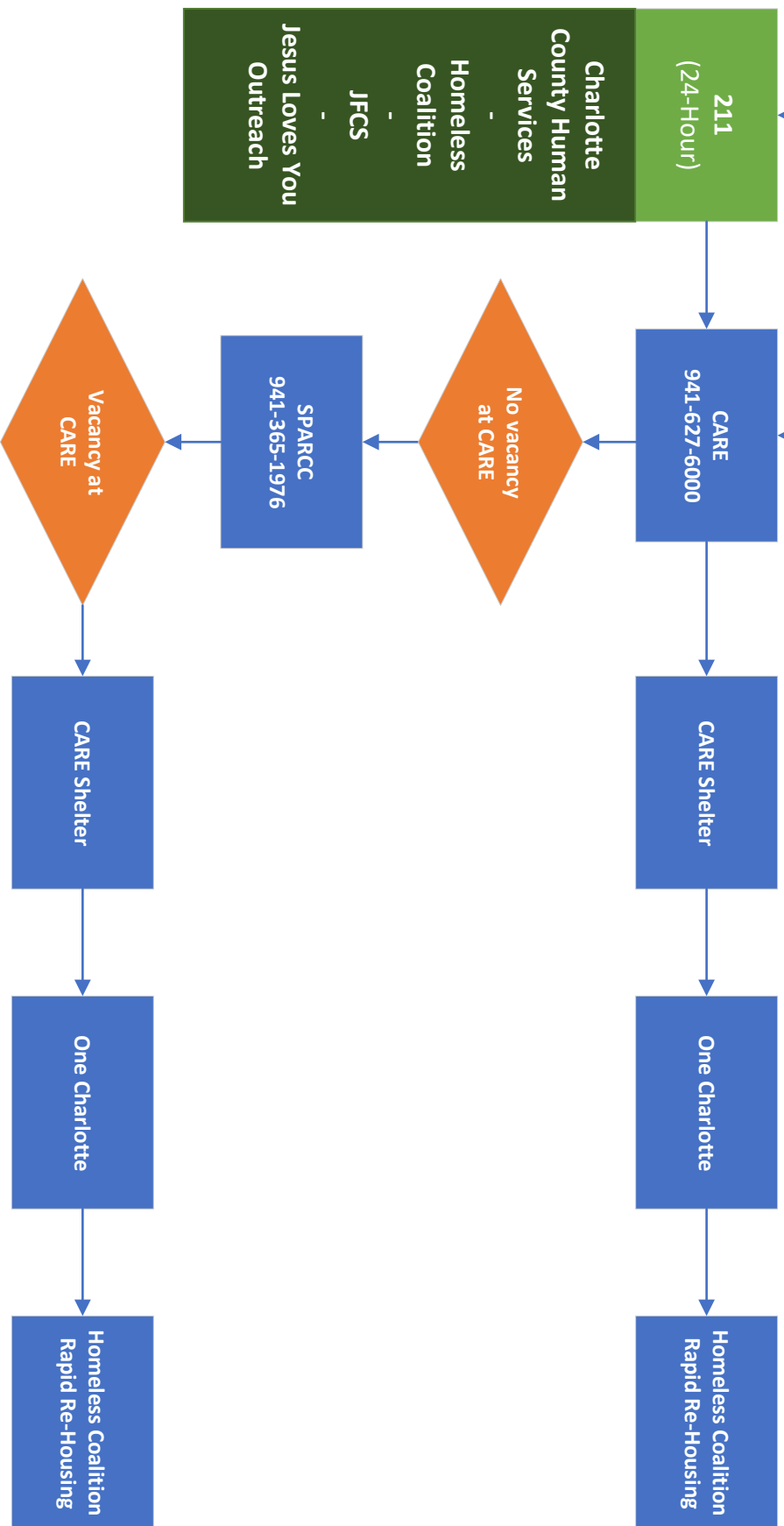
**1** Items in Italics are for Data Entry ONLY and will not be used for Search Results.

Name	First	Middle	Last	Suffix
	Anonymous		Client	
Name Data Quality	Full Name Reported		Date of Birth	01 / 01 / 1975 <b>Actual Year</b>
Alias			DOB Data Quality	Full DOB Reported (HUD)
Social Security Number			Gender	Client refused
Social Security Number Data Quality	Client refused (HUD)		Primary Race	Client refused (HUD)
U.S. Military Veteran?	No (HUD)		Secondary Race	-Select-
Exact Match	<input type="checkbox"/>		Ethnicity	Client refused (HUD)

**CARE Number**

**Actual Designation**

# Domestic Violence Victim (Fleeing)



## Access Points