HOUSING SPECIALIST

Interagency Coordination & Referral Toolkit

Professional Download #24

Purpose
This toolkit helps Housing Specialists work effectively with shelters, housing agencies, social service providers, landlords and other professionals. It supports clear referrals, defined roles, tracked follow-up, and proper handling of client consent and confidentiality when coordinating across organizations.

What's Inside (6 Pages)

1. Professional Safeguards — consent, confidentiality and appropriate information sharing.
2. Referral Preparation — identify the correct agency, service and referral pathway.
3. Roles & Responsibilities — clarify who is responsible for each action.
4. Communication & Follow-Up Log — track responses and outstanding requests.
5. Escalation & Service Gaps — address delays and unresolved coordination problems.
6. Practical Case Exercise — work through a fictional interagency referral problem.

How to Use This Toolkit

Complete the Professional Safeguards section first on every new coordination effort. Prepare the referral clearly, assign responsibilities in writing, and use the Follow-Up Log until the referral is accepted or formally closed. Use the Escalation page when responses stall. The final page is a practice exercise.

Important Professional Reminder
Always obtain appropriate client consent before sharing personal information with external agencies. Follow your organization's confidentiality policy and any applicable privacy legislation. Never share more information than is necessary for the specific referral purpose.

Client Name / Case ID: _____ **Date Opened:** _____

Housing Specialist: _____ **Agency:** _____

1. Professional Safeguards

Client Consent for Information Sharing

■ Client has given informed consent to share information with the agencies listed below
■ Consent is limited to the specific purpose of this referral / coordination
■ Client understands what information will be shared and with whom
■ Consent obtained verbally (note date/time): _____ ■ Written consent on file
■ Client declined consent for certain parties (list): _____

Agencies / Professionals authorized to receive information:

_____
_____
_____

Scope of Information to be Shared (check only what is necessary)

■ Contact details only ■ Housing status & needs ■ Income / benefits information
■ Health / disability related (minimum necessary) ■ Safety concerns / risk factors
■ Previous service involvement ■ Other: _____

Confidentiality Checklist

■ I am only sharing information that the client has authorized
■ I am using the most secure appropriate channel (encrypted email, secure portal, phone, etc.)
■ I have avoided unnecessary details that are not required for the referral purpose
■ I have noted any special handling instructions (e.g., do not leave voicemail, preferred name only)

Special Notes / Restrictions:

_____
_____

2. Referral Preparation

What is the client needing from another organization?

_____
_____

Correct Agency / Program Identified

Organization / Program Name: _____
Primary Contact Person / Role: _____ Phone: _____
Email / Portal / Fax: _____
Referral Pathway: ■ Online form ■ Email ■ Phone ■ Fax ■ In-person ■ Other: _____

Eligibility / Requirements Confirmed?

■ Yes – client appears to meet basic eligibility ■ Unsure – needs verification
■ Documents required by receiving agency: _____
■ Client has these documents ready ■ Still gathering ■ Need help obtaining

Urgency of this Referral

■ Immediate (safety / imminent homelessness / court deadline)
■ High (needed within 1–2 weeks)
■ Standard (can follow normal processing time)

Key Information the Receiving Agency Needs (minimum necessary)

_____
_____
_____

Preferred Outcome of this Referral

_____
_____

3. Roles & Responsibilities

Clarify who owns each action so nothing falls through the cracks.

Action / Task	Responsible Person / Agency	Due By	Status
Submit referral / application			■ Done ■ Open
Provide supporting documents			■ Done ■ Open
Follow up if no response			■ Done ■ Open
Attend joint meeting / case conference			■ Done ■ Open
Update client on progress			■ Done ■ Open
Confirm acceptance or next steps			■ Done ■ Open
Close loop / notify all parties			■ Done ■ Open
Other: _____			■ Done ■ Open

Primary Point of Contact for this Coordination Effort

Name & Role: _____ Organization: _____
Best contact method: ■ Phone ■ Email ■ Secure portal ■ Other: _____

Backup / Secondary Contact (if primary is unavailable)

Name & Role: _____ Contact: _____

Agreed Communication Frequency

■ After every contact ■ Weekly update ■ Only when status changes ■ Other: _____

4. Communication & Follow-Up Log

Date	Who Contacted	Method	What Was Discussed / Requested	Response / Next Step

5. Escalation & Service Gaps

Is the referral stalled or incomplete?

■ No response after reasonable time ■ Incomplete response ■ Wrong agency / pathway
■ Eligibility dispute ■ Capacity / waitlist issue ■ Other: _____

Escalation Steps Taken

1st follow-up date: _____ Method: _____ Result: _____
2nd follow-up / supervisor: _____ Method: _____ Result: _____
External escalation (if any): _____ Date: _____ Result: _____

Service Gap Identified (if the needed service does not exist or is inaccessible)

_____
_____

Final Status of this Coordination Effort

■ Successfully connected / accepted ■ Client declined ■ Closed – no further action
■ Escalated externally ■ Alternative plan created ■ Still open – monitoring

6. Practical Case Exercise

Scenario: Your client, “Jordan” (32), is staying in a short-term shelter that ends in 11 days. Jordan has a housing voucher but needs a unit that accepts it and is close to a medical clinic. You have identified a possible landlord and a rapid-rehousing program that may help with the security deposit. The shelter case manager, the voucher administrator, and the rapid-rehousing worker all need to coordinate, but so far each person is waiting for someone else to make the first call.

Exercise Questions (practice completing the toolkit sections)

1. What consent and information-sharing steps should you complete before contacting the other agencies?

_____
_____

2. Who should be the primary point of contact for this coordination, and why?

_____
_____

3. List the key actions and assign responsibility + a realistic due date for each.

_____
_____
_____

4. What would be your first escalation step if the voucher administrator does not respond within 4 business days?

_____
_____

Reflection (after completing the exercise)

What felt clearest? What still feels uncertain when coordinating across agencies?

_____
_____

Housing Specialist	Date	Supervisor (if reviewed)
_____	_____	_____

File this completed toolkit with the client record and update your case management system with the final coordination status and any open follow-up tasks.