



Turned Away Clients

There are three scenarios in which the client is documented as “turned away.”

Client is already on file. You will automatically be rerouted to update the file. Indicate the **Reason for Emergency** on the Client Update screen. A value of **T** displays to indicate the client was turned away.

The SSN identifies a client in the Special Population. If the SSN and name do not agree, cancel, and start over. Complete **Add Abbreviated Client Records** screen.

The client is not in the database. Key in the SSN and complete the **Add Abbreviated Client Records** screen. If client has a **Disabling Condition**, enable check box.

Turned Away Screen — “Add Abbreviated Client Records”

Select “Search Client File” from the General Search, Transitional Housing, or Counselor menu and click “Turnaway.” Enter a correct **Intake Date**, and complete fields on the **Add Abbreviated Client Records** screen.

The following fields must be entered for each client who is turned away. The data requested are necessary to create an unduplicated count of clients and to support the strategic planning efforts of the Continuum of Care.

SSN or Enter Client Without SSN

Date of Birth

Last Name

First Name

Sex

Family Composition *

Family Size *

Disabling Condition? *

Reason for Emergency

Current Residence

Reason for Turnaway

- * The system requests you to complete fields which define the client as Chronically Homeless. When these fields are completed, the system will ask whether the client has been homeless 12 months or more or has had four episodes of homelessness in three years.

Search Screen

SSN: 000-00-0000

Last Name:

First Name:

Date Of Birth: 3/26/84

42 Agency: Catholic Charities-Granite City

Search by SSN New Search

Search by Lastname View Files

Search by Firstname New Intake

Search by DOB Update

Update Case History Turnaway

Sort by Lastname Sort by Date of Birth Exit

Last Name	First Name	Middle	Date of Birth	SSN	Source

Navigation: << < ? > >>

Add Abbreviated Client Records

Add Record

Intake Date: 11/21/11 SSN: Client Reference No: 9,607

Enter Client Without SSN

Last Name: First Name: Middle: Date of Birth:

Sex: M F Race: Family Composition: Family Size:

Hispanic Disabling Condition

Veteran Status: No Yes Don't Know Refused to Answer Reason For Emergency:

Last Permanent Address

State: IL City: Zip 5:

Current Residence

Living Situation: Length of Stay: Reason for Turnaway:

Complete Cancel

Reason for No Referral Table

Code	Description
1	Shelter History Problems
2	In-State Resident(Not City or Cnty Res.)
3	Out-State Resident
4	Seeking Information Only
5	Not In Immediate Need
6	Family Would Not Split Up
7	Appropriate Shelter Not Available
8	Caller Hung Up
9	Refused Services
10	Other Referral More Appropriate
11	Chronic No Show
12	Information Update From Shelter
13	Shelter Referral Was Deleted
14	Program Referral Was Deleted
15	Information Update From Client
16	Information Update
17	SSN Verification Pending
18	Residency Verification Pending
19	Name Verification Pending
20	Rent/Furniture Referral
22	Illegal Immigrant (alien)
23	Information Update/ Non Shelter Agencies
24	Bed Space Not Available
25	Substance Abuse
26	Male Child over 12 Yrs of age
27	Mortgage Referral
28	72 Hour Waiting Period
29	Sex Offender
30	No Voucher Funds
31	Refused To Accept Rules
32	Found Other Housing
33	Disaster Recovery Services
34	Not Homeless(HUD Definition)
35	Not Eligible
36	Chronically Homeless
37	Lack of Funding
38	Program Space Not Available

Reason for Turnaway Table

7	Appropriate Shelter Not Available
24	Bed Space Not Available
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