

SYSTEM-WIDE SERVICE RESTRICTION RECOMMENDATION FORM

(Both Navigator Program and Shelter Program)

NAVIGATOR SECTION

1. Today's Date: _____

2. Client CSP Number: _____

3. Date Client Entered Shelter: _____

4. Name of Navigator: _____

5. Dates of Scheduled Appointment(s) with Navigator Program:

Date	Time	Appointment Attendance	Appointment Attendance
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator
		<input type="checkbox"/> Kept by Client <input type="checkbox"/> Client Late <input type="checkbox"/> Missed by Client <input type="checkbox"/> Rescheduled by Client	<input type="checkbox"/> Kept by Navigator <input type="checkbox"/> Navigator Late <input type="checkbox"/> Missed by Navigator <input type="checkbox"/> Rescheduled by Navigator

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6. Reasons for Service Restriction

(Check all that apply in the Safety-Related and/or Lack of Progress Sections):

Safety-Related:

- ☐ Threats of Violence towards Navigator
- ☐ Acts of Violence towards Navigator
- ☐ Threats of Destruction towards Navigator Property
- ☐ Acts of Destruction towards Navigator Property

Lack of Progress as Evidenced by:

- ☐ Multiple Refusals (3 or more) of Program Services
- ☐ Multiple Refusals (3 or more) to complete Individualized Housing Stabilization Plan
- ☐ Lack of Progress on items identified on Individualized Housing Stabilization Plan

If Lack of Progress is checked above please describe below what this currently looks like based upon the behavior (actions or inactions) of the individual:

7. Dates of Navigator/Shelter Case Review Meeting when client was discussed:

Date	Time	Action Items for Navigator	Action Items for Shelter

8. Joint Meeting requested by Navigator of Shelter to assist with Connection with Client:

Date	Time	Outcome of Meeting

9. Recommended Length of Service Restriction:

- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ Other – Please Specify: _____

10. Method client was made aware of pending service restriction:

- ☐ In-Person Meeting - Specify Date and Time: _____ (attach summary note)
- ☐ Written Notification Left for Client with appointment time to discuss
- ☐ Client Not Notified due to, Please Specify: _____
- ☐ Other – Please Specify: _____

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11. Method the appeal process made known to the client:

- ☐ In-Person - Specify Date and Time: _____
- ☐ Written Notification Left for Client
- ☐ Client Not Notified due to, Please Specify: _____
- ☐ Other – Please Specify: _____

12. Signature of Navigator Program Lead/Date:

_____/_____

13. Signature of Navigator Program Manager/Date:

_____/_____

14. Signature of Navigator Program Director/Date:

_____/_____

SHELTER SECTION

To be completed by Shelter Manager/Director and returned to Navigator Program within
2 business days.

15. Shelter Response to Service Restriction by Navigator Program:

- ☐ Agrees
- ☐ Disagrees
- ☐ Other – Please Specify: _____

If Disagrees is checked above, please explain/substantiate below:

16. Specific ways/methods the Shelter has collaborated with the Navigator Program and the client to help the Navigator Program and client establish and maintain connection:

17. Other Services Client is presently receiving from Shelter, please specify below:

18. Other Comments/Concerns of Shelter:

19. Date Shelter intends to exit the client based upon Service Restriction (indicate N/A , if applicable):

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20. Signature of Shelter Manager/Date:

_____/_____

21. Signature of Shelter Director/Date:

_____/_____

CSB SECTION

To be completed by Community Shelter Board if there is not agreement between Navigator Program and Shelter Program with a decision returned to both Program Directors within 3 business days.

22. CSB Staff Conducting the Review: _____

23. CSB's Service Restriction Recommendation(s):

System-Wide Service Restriction

- ☐ None
- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ Other – Please Specify: _____

Other Comments, if Applicable:

24. Comments regarding Recommendation(s):

25. Signature of CSB Program & Planning Manager/Date:

_____/_____

26. Signature of CSB Program & Planning Director/Date:

_____/_____