Example Script for Navigators:

Here's a recommended script for a Navigator following up with a client that they have been assigned to Navigate from the registry:

"Hi my name is [] and I work for []. I'm following up with you regarding a Coordinated Entry Assessment you completed back on [look in HMIS]. Do you have a minute to answer a few questions? When you had your initial assessment, you reported that you were living (see last entry for living situation reported by client.) Is this still your current living situation?"

Yes - **client still Category 1 (streets/ES/hotel paid by agency):** If client remains in the same living situation since assessment, continue with follow up.

> "I'd like to meet with you to see what services you may be eligible for that may be available in our community. There are different community resources and programs, but not all have space and there is a process to getting different types of assistance. And it all takes time. But in order to move forward, I would need to verify some of the information you've given me. Is this something you're interested in working with me on? (YES!) Ok, then I'd like to schedule a time to meet with you so that I can verify your living situation and see if you have any documents that might be helpful if you were to apply for services. (ID, Socials, guardianship docs, proof of homelessness, disability, etc.) Is there a good place and time where we can meet?"

No - **Client is no longer in a Category 1 homeless situation:** Update client status detail, write case note documenting follow up, and assess client needs for basic community resources that offer one-time assistance, food, benefit connection, etc.

> "It sounds like you were able to resolve your immediate need for housing, which is good to hear. And you may still need some community resources to help get you off your feet. You can always try connecting with 2-1-1 for different community resources such as food pantries and one-time assistance. If your living situation changes, feel free to follow up with me and we'll reassess your housing needs."

NAVIGATOR TIPS

Good Navigators are familiar with Community Resources, both supportive housing programs managed through CES, but also general resources. For example, where to access basic services like medical care, SNAP benefits, or how to help someone utilize their natural support system while they work to resolve their housing situation.

Navigators should never rely solely on CES managed housing programs, nor should they promise housing. Spaces in Supportive housing programs are limited, and because of the prioritization process, a referral to supportive housing is never a guarantee. Being transparent that there is a lack of available resources can help manage expectations.

> Never promise services or housing. Supportive Housing is an extremely limited resource, and is not the only resource.
> Learn as much as you can about *all* the community resources available and how to access them.
> Have empathy with the people you encounter.
> Have boundaries with the people you encounter.
> Remember the big picture (there many more in need than we have resources for. And not every needs the same level of supports. The assessment process aims to guide you in what supports are needed for each person.)