

Coordinated Entry Transfer, Grievance and Appeals Form

If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and otherwise kept confidential. If you need assistance completing this form, please contact fas.coordinatedentry@co.ramsey.mn.us. You can expect a response within seven working days. Completing this form will not negatively affect your status within the Coordinated Entry system.

Name of person completing this form: _____

Who should we follow up with regarding this form: _____

Cell # _____ Email: _____

Secondary Phone # _____ Fax # _____

Preferred Method of Contact: ☐ Call ☐ Email ☐ Fax

Can we leave confidential info? ☐ Voicemail ☐ Email ☐ Fax ☐ Live call

Alternative contact information: _____ Can we leave confidential info? ☐ Yes ☐ No

Program staff, agency/site involved in incident: _____

What is this regarding to:

- ☐ Housing Assessor
- ☐ The assessment
- ☐ Homeless status, or recommended housing intervention
- ☐ Provider (housing, shelter, or other agency involved in Coordinated Entry)
- ☐ Denial from housing program
- ☐ Transfer Request
- ☐ Other

Explain the complaint or issue (names of those involved and dates). Please be detailed.

What has been done to try to resolve/fix this (by client (yourself), housing provider and/or others), such as mediation, case planning, etc.?

What would you like to see happen from the TRACE Committee? (ie: what are you hoping the TRACE Committee can do?)

Signature: _____ Date: _____

Please email this completed form or the answers to these questions to loni.aadalen@co.ramsey.mn.us and heather.clemen@co.ramsey.mn.us with the subject line "TRACE." You can also mail this form to: Loni Aadalen, Ramsey County, 160 Kellogg Blvd E – Suite 9200, St. Paul, MN 55101 or to Heather Clemen, Ramsey County, 450 N. Syndicate Street – Suite 190, St. Paul, MN 55104.

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If a transfer request, what circumstances have changed that prompted the transfer request? Please include the current housing type that you/the household is currently in (funder, name of program).

If a transfer request, how is a transfer going to improve your situation and/or what types of services/support would be needed from a new program?

If a transfer request, has a new program been identified? If a new program has been identified, please provide the housing provider name and program. If no program has been identified, please write N/A.

Signature: _____ Date: _____

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