

# Participant Rights Packet

---

The Participant Rights Packet includes the following documentation:

- (1) What to Expect: Your Rights and Responsibilities
- (2) Grievance Policy
- (3) Brochure

## What to Expect: Your Rights and Responsibilities

---

Missouri Balance of State Continuum of Care Coordinated Entry System's (MO BoS CoC CES) purpose is to assist individuals and families experiencing a housing crisis. Housing services are prioritized based upon severity of need and availability of services. Entry into the MO BoS CoC CES is not a guarantee of services. There are different ways MO BoS CoC CES may be able to provide assistance based on your housing crisis. For participants who are not literally homeless, according to HUD's definition, please see attached brochure for HUD's definition, this would be prevention and/or diversion services. For participants who are literally homeless, including those who are fleeing or attempting to flee domestic violence, according to HUD's definition, will be placed on the Prioritization List.

The MO BoS CoC CES Prioritization List is not a waiting list. If you are placed on the Prioritization List, you have an obligation to maintain contact with MO BoS CoC CES and provide updated contact information. If your housing situation or other significant life circumstance changes, contact us at (573) 751-9206. You have the right to refuse any referral for services or housing. If you are referred to a housing resource, a member of the MO BoS CoC CES will have 3 business days to contact you. If you are unable to be contacted during that time, they will move on to the next eligible person on the CES Prioritization List. If no one is able to contact you for 60 days, your name will be removed from the active Prioritization List. Your name can be placed on the active Prioritization List again when you contact us or another agency in the MO BoS CoC CES. You have the right to confidentiality and privacy. If you are referred to housing services you will need to provide verification of identity, such as: state issued driver's license or non-driver id, social security card, birth certificate, verification of income (i.e. paystub, social security benefit letter, etc.), verification of homelessness (i.e. letters from homeless service providers, shelters, etc.). If you do not have these documents, please contact us so we may assist you in obtaining them. If you have any questions about the CES, please contact us.

---

I have received a copy of the Participant Rights Packet and understand the content within the Participant Rights Packet.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Grievance Policy

---

In the event a participant does not agree with or believes discrimination occurred during any part of the CES process, the participant has a right to file a grievance. The Grievance Form must be completed and submitted to a regional access point or electronically to [moboscoc@outlook.com](mailto:moboscoc@outlook.com). The Grievance Form is available on the MO BoS CoC website and should also be provided in printed version at each of the access points. The agency in receipt of the Grievance Form will forward the grievance to the Regional CE Committee. The Regional CE Committee will contact the individual within five business days of the receipt of the grievance to schedule a mediation meeting, which will be held within 30 calendar days of the Regional CE Committee's receipt of the grievance. Regional CE Committee will notify participants of the outcome of the mediation meeting within five business days of the mediation meeting. Reasonable accommodations will be available upon request. The Regional CE Committee should keep a record of the grievance and mediation meeting as well as document the outcome on the Grievance Form. Any participant with an unresolved grievance or who wishes to appeal their Regional CE Committee's decision may contact the MO BoS CoC Coordinated Entry Committee at [moboscoc@outlook.com](mailto:moboscoc@outlook.com). Any participant who wishes to appeal the MO BoS CoC Coordinated Entry Committee's decision may contact the MO BoS CoC Board at [moboscoc@outlook.com](mailto:moboscoc@outlook.com). It is the responsibility of the referral agency to inform the individual of the grievance procedure.

Grievances will be processed in such a way in which complaints are addressed in the most objective and fair way; including a process by which the agency involved in the grievance does not participate in the decision-making regarding the outcome of the grievance. Grievances will be handled through a tiered approach. The Regional CE Committee shall be the party handling the initial grievance, with a grievance policy and process that allows for a client or agency to appeal to the Missouri Balance of State Continuum of Care (MO BoS CoC) Coordinated Entry Committee, if the grievance cannot be equitably resolved at the regional level. For issues that cannot be resolved at the MO BoS CoC Coordinated Entry Committee level, grievance concerns can be appealed to the MO BoS CoC Board for resolution.

In the event that a participant feels they have been discriminated against within the confines of the CES, a discrimination complaint should be filed to the CE Regional Committee. The complaint form will be made available online and in paper to clients wishing to file the complaint. The form should consist of client name, contact information, any reasonable accommodation requests and brief summary of the grievance. The form can be emailed to [moboscoc@outlook.com](mailto:moboscoc@outlook.com) or mailed to the Community Initiatives Department at 920 Main Street, Suite 1400, Kansas City, MO 64105, attention to: CI: BoS CoC Coordinated Entry. Clients who feel as though they have been discriminated against may also consider filing a formal complaint with the Fair Housing division at HUD by calling 800-669-9777 or through the Missouri Commission on Human Rights by calling 877-781-4236.

# Grievance Form

**INSTRUCTIONS:** This form is to be filled out if you have a grievance with the Coordinated Entry Process, those grievances would include, any complaint against the Coordinated Entry policies and/or procedures. This form is also used if you have filed a grievance against one of the CE participating agencies, and you wish the grievance to be appealed. By completing this Grievance Form, you are consenting that your information be shared by and with, any and all, MO BoS CoC Members involved in the Grievance process.

---

Participant Print Name	Signature	_____/_____/_____ Date
------------------------	-----------	---------------------------

---

Phone Number	Address	E-mail
--------------	---------	--------

Brief Description of Grievance

---

### For Coordinated Entry Use Only

MO BoS CoC Resolution

---

CE Representative Name	Signature	_____/_____/_____ Date
------------------------	-----------	---------------------------