**2020 Renewal Evaluation Score Change Request Form**

 **INSTRUCTIONS:**

* If your agency would like to request a change to a renewal project’s evaluation score, please submit this form. Only requests for scoring changes submitted using this form will be considered. Please note, the Grievance Committee will not consider grievances based on data changes made after the deadline or disagreements with the evaluation standards adopted by the Steering Committee.
* Please submit one form per project for which you are requesting a change.
* Help desk tickets to correct an HMIS data issue that cannot be corrected by your agency are due to Nutmeg by no later than 1/17/20.
* All HMIS data changes that your agency wishes to be considered for 2020 renewal evaluation scoring must be made by no later than 1/31/20.
* Change request forms are due to ctboscoc@gmail.com by no later than 1/31/20.
* Agencies not requesting a scoring change need not submit this form.

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| **Agency Name:**  |
| **Program Name:**  |
| **Grant Number:** |

**For projects that wish to have their HMIS APR report re-run and reviewed for possible 2020 renewal evaluation scoring changes, please check one of the following:**

[ ]  **My agency has or will correct information in HMIS by 1/31/20.**

[ ]  **There is a problem with the data in HMIS that my agency cannot correct. My agency submitted a helpdesk ticket to Nutmeg by the 1/17/20 deadline and will make the change in HMIS by 1/31/20.**

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| **If you believe that there was a scoring error on your Individual Program Evaluation Report, please provide the information requested below for each relevant criterion. For data that you have corrected in HMIS, use the section above. Use this section for data that were correct in HMIS but you believe were scored incorrectly. (Please add rows as necessary.)** |
| **EVALUATION CRITERIA WITH SUSPECTED SCORING ERRORS** | **BRIEF EXPLANATION** |
| EXAMPLE: % exits to shelter, streets, unknown | EXAMPLE: Data in HMIS indicate 5%, eval report indicates 12%  |
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| **If you believe that there was an unwarranted lateness penalty on your Individual Program Evaluation Report, please provide the information requested below (Please add rows as necessary)** |
| **TYPE OF LATENESS PENALTY** | **BRIEF EXPLANATION** |
| EXAMPLE: Lost points for late submission of consumer surveys | EXAMPLE: Surveys were submitted to ctboscocgmail.com on 11/1/19; see copy of email attached |
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**PLEASE COMPLETE THE SECTIONS BELOW ONLY FOR PROJECTS THAT LOST POINTS ON ELIGIBILITY, HOUSING STABILITY OR NON-CASH/CASH BENEFITS**

**Eligibility: Complete only for adult participants that impacted your score negatively and who should be considered eligible because of a brief institutional stay or qualified entry prior to 2006 (add rows as necessary):**

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| --- | --- | --- | --- | --- | --- |
| Participant HMIS ID | Participant Entry Date into your project | Indicate if Single (S) or Family (F) | Was this participant in an institutional setting for less than 90 days and homeless prior to project entry? (Indicate Yes or No) | Was this participant homeless under old HUD regulations - applies only to participants who entered prior to 2006? (Indicate Yes or No) | For those who were homeless under old HUD regulations, please state the location where the person was living prior to entry into your project. |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |
|  |  |  S F | YES NO | YES NO |  |

**Housing Stability: Complete only for adult participants with an exit between 10/1/18 and 9/30/19 that impacted your score negatively and who left housing to seek safety:**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Unique Identifier | Indicate if Single (S) or Family (F) | Exit Date |  Exit destination listed in HMIS APR. |
|  |  S F |  |  |
|  |  S F |  |  |
|  |  S F |  |  |
|  |  S F |  |  |
|  |  S F |  |  |

**Cash and Non-cash benefits: Complete only for adult participants (leavers and stayers) between 10/1/18 and 9/30/19 who negatively impacted your score because participants did not have Cash/Non-cash benefits because they were ineligible for the benefit/s.**

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| --- | --- | --- | --- |
| Participant Unique Identifier | Indicate if Single (S) or Family (F) | Explain why the program participant was ineligible for the Cash benefit/s | Explain why the program participant was ineligible for the Non-cash benefit/s  |
|  |  S F |  |  |
|  |  S F |  |  |
|  |  S F |  |  |
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|  |  S F |  |  |
|  |  S F |  |  |

**Health Insurance: Complete only for adult participants (leavers and stayers) between 10/1/18 and 9/30/19 who negatively impacted your score because participants did not have health insurance benefits because they were ineligible for the benefits.**

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| Participant Unique Identifier | Indicate if Single (S) or Family (F) | Explain why the program participant was ineligible for the Health Insurance benefits |
|  |  S F |  |
|  |  S F |  |
|  |  S F |  |
|  |  S F |  |

**PLEASE NOTE ANY SCORING ISSUES OR QUESTIONS THAT WERE NOT COVERED ABOVE:**