**YWH Emergency Shelter File Checklist**

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| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Included/ Missing | **Documentation** | | **Description** |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Documentation of homeless status | | This is a letter written by a Your Way Home Street Outreach agency certifying that the client is HUD Cat 1 and/or HUD Cat 4 homeless. Download Homeless Verification- Self Certification from YWH website. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Identification | | At minimum, ID for the head of household is required. At best, all IDs, birth certificates, and social security cards for each member of the household will be provided. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Clarity Consent Form | | Available for download on the Your Way Home Website |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Income | | Proof of income can include pay stubs, bank statements, social security letter, etc. Should be collected monthly, or if any changes occur. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Benefits | | Proof the household is utilizing applicable public benefits- SNAP, TANF, Medicaid/Medicare. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | SPDAT/ Your Way Home Referral Assessment | | Complete the assessment in Clarity and ensure the household is added to the Community Queue for Rapid Rehousing. Assessments are required annually. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Case Notes | | Maintain ongoing case notes in Clarity, at minimum monthly, after client interactions. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Budget | | Should be completed monthly when income is collected or if any changes in income occur. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Housing Stability Plan | | Required to be completed quarterly or if any significant changes in the household occur. Upload into Clarity once completed. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Correspondence | | Some examples: letters to client, letters to other case management, and referrals to community supports, etc. Communication should be documented in case notes. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Program Exit Plan | | Complete when client exits shelter. |