**Your Way Home Permanent Supportive Housing File Checklist**

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| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | |
| **Included/Missing** | **Documentation** | | **Description** |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Documentation of Homeless Status | | This is a letter written by an agency certifying that the referred client is HUD Category 1 and/or HUD Category 4 homeless. Can be provided by Street Outreach or Emergency Shelter provider, or any other community partner. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Identification | | At minimum, ID/Driver’s License/Passport 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. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Documentation of Disabling Condition | | Describe documentation collected. Could be SSDI monthly statements, letters form medical professionals or past medical records. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Chronic Homeless Status Documentation  (for CH designated beds) | | Describe documentation collected. Utilize Clarity enrollment records as necessary. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Income | | Proof of income can include pay stubs, bank statements, social security verification letter, etc. If a person is unable to provide this, you can submit the YWH Self-Declaration of Income form. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Public Benefits | | Proof the household is utilizing applicable public benefits- SNAP, TANF, Medicaid/Medicare. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Clarity Consent Form | | Available for download on Your Way Home website. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Signed PSH Enrollment Packet | | Available for download on Your Way Home website. Review packet with client and ensure each packet is signed and dated. |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_ | Program Exit Plan | | Available for download on Your Way Home website. |

Date of Clarity Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_