**Your Way Home Transitional Housing File Checklist**

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| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Date Included in File/ Case Manager Initials** | **Documentation** | **Description** |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Documentation of Homeless Status | This is a letter written by your agency certifying that the referred client is HUD Category 1 and/or HUD Category 4 homeless. Can also reference existing Clarity records as necessary.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | 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. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Income | Proof of income can include pay stubs, bank statements, social security letter, etc. If a person is unable to provide this, you can submit the YWH Self-Declaration of Income form. |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Benefits | Documentation that the household receives applicable public benefits including TANF, SNAP, Medicare/Medicate and SSI/SSDI.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Clarity Consent Form | Available for download on the Your Way Home website.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | SPDAT (if completed) | Should be completed prior to client enrollment.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Housing Stability Plan | Should be completed quarterly. Available for download on the Your Way Home website.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Budget | Should be completed monthly or when significant changes occur. Available for download on the Your Way Home website.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Annual Re-Assessment | Ensure annual reassessments are completed in Clarity as needed.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Case Notes | Document all contact and interaction with household in Clarity case notes.  |
| \_\_\_\_\_\_ / \_\_\_\_\_\_ | Program Exit Plan |  |