



DOCUMENT READY CHECKLIST

For Coordinated Entry System Client

Client Name _____

Please mark the appropriate box(es) for all documentation you can affirm is in the clients **Document Ready File**. Because documents are not shared in our HMIS you must keep this file locked in conformity with CES Policies and Procedures. It is appropriate to bring Document Ready files to the Case Conference. Use the comment section for conveying additional pertinent information.

Chronic Homeless Verification Form

Yes

No

N/A (not Chronically Homeless)

Required to document that a person is in the correct priority group for PSH 1-3 and RRH 1 (see pages 18-19 of the CES Policies and Procedures) and for eligibility purposes of the housing provider.

Disability Verification Form(s)

Yes

No

N/A (not disabled)

More than one verification may be necessary both to document that a person is in the correct priority group (see pages 18-19 of the CES Policies and Procedures) and for eligibility purposes of the housing provider. See Verification of Disability 1/29/18 "Who Can Certify A Disability?" available at www.HomeForGoodSBC.org "Resources for Providers" for more information about who can certify a disability. If you have questions contact Emily@liveunitedsbc.org.

Proof of income (within last month)

Yes

No

N/A (no income)

You will have three business days to secure any new bank statements that may be required by the housing provider.

Bank statements (6 months)

Yes

No

N/A (no bank)

You will have three business days to secure any new bank statements that may be required by the housing provider.

SS card

- Yes
- No
- N/A (because there is another qualifying document)

Birth Certificate

- Yes
 - No
 - N/A (because there is another qualifying document)
- You may pick N/A and this should not hold up the document ready process.

Government Issued ID

- Yes
- No

DD214 (if applicable)

- Yes
- No
- N/A (not a veteran)

Housing Applications Submitted

In the comments include information about housing applications submitted:

Name and agency of person certifying the accuracy of this document

Name: _____

Agency: _____

Position: _____

Date: _____