**Coordinated Entry Tab Checklist HMIS #:**

|  |  |  |
| --- | --- | --- |
| **Participant Name:** | **Date Completed** |  **Staff Initials** |
| **HMIS ROI Data Collection & Consent** |  |  |
| **Diversion Assessment** **-***includes COVID assessment (HMIS entries can be used in place of paper forms)* |  |  |
| **Region 16 Universal Release** *-required for EACH 18+ HH member* |  |  |
| **Housing Status Documentation** *-One per HH with Children* **or** *One per Adult (18+) in HH with NO children* |  |  |
| **Program Eligibility Documentation** *- RRH/PSH: Agency Homeless Verification* **OR** *HMIS ES Enrollment print out**-HP: Eviction/Notice to Leave Premises* **AND** *copy of signed lease* |  |  |
| **Self-Declaration of Income** *- Each Adult in HH* |  |  |
| **Third Party Verification – (*if applicable*)** |  |  |
| **Income Verification****-***Paystubs (last 4 weeks), Social Security Award Letter (current year), etc.* |  |  |
| **Photo ID (18+), Social Security Card, Birth Certificate** *- Collected for ALL HH Members* |  |  |
| **HMIS AP Entry****-***must be printed from HMIS* |  |  |
| **AP Referral to Homeless Program***-must be printed from HMIS* |  |  |
| **CE uploaded into HMIS**  |  |  |
| **Staff Certification of Eligibility *(if applicable*)****-*NOT required for Emergency Shelter referral/enrollment*** |  |  |
| **PSH Eligibility Forms: *Required ONLY for referral to PSH***1. **PSH Third Party Homeless Verification**

 **-**Chronic Homelessness is defined as:*4 or more episodes in the past 3 yrs that totals*  *12 mths* **OR** *1 consecutive year* |  |  |
| 1. **Verification of Disabling Condition**

- *(SS Award letter can replace this form)* |  |  |
| 1. **Verification of Disability Release *(if applicable)***

 *-only required for electronic collection of data* |  |  |