**Coordinated Entry Tab Checklist HMIS #:**

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| --- | --- | --- |
| **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* |  |  |