

SPA 8 – Coordinated Entry System

File Index Sheet - Housing Navigation

Client Name: _____

Clarity #: _____

<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LEFT SIDE <small>(from top to bottom)</small> </div> <div style="text-align: center;"> RIGHT SIDE <small>(from top to bottom)</small> </div> </div>	
<input type="checkbox"/> File Index Sheet	<input type="checkbox"/> Identification
<input type="checkbox"/> Monthly Update	<input type="checkbox"/> Participant Eligibility Screening Form
<input type="checkbox"/> Case Notes	<input type="checkbox"/> Household Composition & Income Form
<input type="checkbox"/> Housing Placement Verification (Rental / Lease Agreement)	<input type="checkbox"/> Income Verification
<input type="checkbox"/> Referral Attained Documentation	<input type="checkbox"/> Assets Declaration Form
<input type="checkbox"/> Minimum Standards for Permanent Housing form	<input type="checkbox"/> Housing Stability Plan
<input type="checkbox"/> Check Request	<input type="checkbox"/> Homeless Verification
<input type="checkbox"/> Expenditure History	<input type="checkbox"/> Grievance Policy
<input type="checkbox"/> Client Satisfaction Survey	<input type="checkbox"/> CES Survey Packet or Next Step Tool
<input type="checkbox"/> Service Extension Request	<input type="checkbox"/> HMIS Consent Form
<input type="checkbox"/> Referrals / Miscellaneous / Correspondence	<input type="checkbox"/> Veteran Status Documentation
	<input type="checkbox"/> Exit Summary Form

Completed By: _____

Title: _____

Signature: _____

Date: _____

Verified By: _____

Title: _____

Remarks: