

Step Up Client Documentation Check List

Homeless Documentation

Please supply appropriate documentation.

___ Transitional or Supportive Housing (please supply current homeless status and clients status prior to transitional housing)

___ Emergency shelter (please supply signed and dated letter from staff person and/or related social service agency)

___ Places not meant for human habitation (i.e.: cars, parks, abandoned buildings (please supply a signed a dated letter from collateral agencies, signed letter from client, and/or other agencies)

___ Being evicted within 1 week from a private dwelling and having no subsequent residence I'd and the person lacks resources and support networks needed to obtain housing (please supply a signed and dated letter verifying eviction and unsuccessful attempts to secure housing options. Include income verifications and lack of resources)

Chronic Homelessness

Please supply a letter from a Physician, LSW, Psychiatrist/Psychologist, or State Agency identifying chronic homeless

___ Individuals who have been continuously homeless on the street or in a emergency shelter for 1 year or more

___ Individuals who have had at least 4 episodes of homelessness in the past 3 years

Disability Documentation

Please supply a letter from a Physician, LSW, Psychiatrist/Psychologist, or State Agency identifying disability

The client currently has a disability:

___ 1. Physical, mental, or emotional impairment, which 1) is expected to be of long continued and indefinite duration, 2) substantially impedes an individual's ability to live independently, and 3) of such nature that such ability could be improved by more suitable housing conditions.

___ 2. A developmental disability as defined in section 6001.

___ 3. HIV/AIDS

Income Verification

Please supply appropriate verifications from Department of Transitional Assistance, SSI/SSDI, Employment, and /or other income

- Department of Transitional Assistance
- SSI/SSDI
- Employment (last 4 pay stubs)
- Other income

Housing Authority Application to verify housing search

- New Bedford
- Fall River
- Other

Sobriety/ Clean Time / Recommendation letter

Please supply a letter from a Physician, LSW, Psychiatrist/Psychologist, Counselor, Treatment Provider and/or State Agency identifying length of sobriety and recommendation to program

- Recommend
- Do Not Recommend
- 3-5 months
- 6-8 months
- 9-11 months
- 1year – 18 months
- Other

Copies of:
Social Security Card
Birth Certificate
Picture ID
Insurance Cards
Food Stamp Card

******* ALL DOCUMENTATION NEEDS TO BE ON AGENCY LETTERHEAD**

Please call 508-997-9051 for appointment
Please bring all documentation with you on your appointment

