

Pikes Peak Continuum of Care PSH Document Ready Form for Coordinated Entry

Fill out before scanning:

Date _____

Navigator _____

Other _____

Client Name _____

Please mark the appropriate box(es) for all documentation you can affirm the client has in their possession. Use the comment section for conveying additional pertinent information.

Photo ID

State of Issue: _____

- Original (In Hand)
- Copy (In Hand)
- Applied For (With Receipt)
- No

Birth Certificate

- Original (In Hand)
- Copy (in Hand)
- Applied For (With Receipt)
- No

Social Security Card

- Original (In Hand)
- Copy (In Hand)
- Applied For (With Receipt)
- No

DD214

- Original (In Hand)
- Copy (In Hand)
- Applied For (With Receipt)
- No

Proof of Income (Within Last 2 Months)

- Yes
- No
- N/A

Homeless Verification (HUD Definition)

- Yes
- No
- N/A

Comments: _____

