

Coordinated Entry System Move In Assistance Verification Form

Agency Name: _____

Agency Representative (please print): _____

LPC Location: _____ Client ID: _____

The KHC Continuum of Care Systems Specialist is responsible for verifying the client referenced above is in compliance with Kentucky's Balance of State Continuum of Care Coordinated Entry Policies and Procedures. This form verifies that the partner agency has determined the client meets the requirements below for the provision of the move in assistance as marked:

CoC (Regular/SNOFO): First Month Rent Security Deposit Utility Deposit

☐ Client has a Section 8 or Public Housing Authority voucher

☐ Client has the financial means and support networks to afford ongoing rent

ERA2: First Month Rent (Bridge Payment) Security Deposit Utility Deposit

☐ Client has a Section 8 or Public Housing Authority voucher

☐ Client has the financial means and support networks to afford ongoing rent

ESG: First Month Rent Security Deposit Utility Deposit

☐ Client has a Section 8 or Public Housing Authority voucher

☐ Client has the financial means and support networks to afford ongoing rent

☐ Agency acknowledges it must offer/provide ongoing Case Management services for a minimum of 90 days

Please email this completed form to coordinatedentry@kyhousing.org

The Continuum of Care Systems Specialist for this Local Prioritization Community hereby certifies on (date) _____ this agency submitted verification on the above referenced client and verifies the client meets the CoC, ESG & ERA rent, security and/or utility deposit assistance criteria listed in Kentucky's Balance of State Continuum of Care Coordinated Entry Policies and Procedures. The CoC Systems Specialist will add a CES Referral in the BoS CE Project in KYHMIS to reflect the assistance provided.

BoS CoC Systems Specialist Signature: _____