



LSFHS Transitional Voucher Checklist

Client Name: _____
Case Manager: _____
Service Provider: _____

- Ensure all fields on the EXH A are completed accurately and in its entirety. Needs to be completed electronically. If edits need to be made, please submit a new copy.
- Do we have a lease with the consumer's name and a W9 on file for the landlord?
- If Sober Living, is it non-FARR certified? Have you completed the DCF Recovery Residence Form?
- Is the client uninsured?
- Case manager has exhausted all housing support option through COC coordinated entry system (referral in place with homeless housing providers), PATH, public housing authorities.
- Is the client employed? Is there an employment goal?
- Is the client enrolled in the provider's SA program with a treatment plan?
- Case Manager utilized low-income resources through housing searches.
- Assisted in food stamp/Medicaid applications if needed.
- Proof of SOAR referral or application.
- Housing stability plan and or housing goal is completed.

Reminders:

***We require the following information: Case Manager name, service dates, and client name. Case Managers need all these items in the client file and will be looked for upon Audit by LSFHS. Approval contingent on all these documents being in client record.**

***LSFHS will not provide funding to individuals residing with family members, or additional members to a household.**

Double Check:

- Have we previously approved 3 months of rental assistance? If so, why is continued rental assistance needed? Was there a staffing with LSFHS Housing?
- Provider **MUST** submit electronic checklist and Exhibit A for **ALL requests** over \$1000 to LSFHS Housing. These vouchers are **ONE-TIME** only.
- ALL** vouchers must be sent to an LSFHS Housing staff member & obtain a Director's signature.

Submitted By: _____

Title: _____

Date: _____