

Shelter + Care Application Checklist

Applicant Name:

1. ☐ **Completed and signed application**
2. ☐ **Disability verification attached-diagnosis SDMI (do not need details)**
3. ☐ **Copy of Social Security card attached-need Path worker to verify they viewed the original card**
4. ☐ **Homeless verification attached****
5. ☐ **Voucher signed (do not complete any part of this form) Signing a voucher form does not automatically guarantee it will be issued.**
6. ☐ **214 Declaration**
7. ☐ **Income verification -Zero income form or Part A and income verification- check stubs for SS/SSI benefit notification.**
8. ☐ **Authorization for Release of information/Privacy Act (there are 2 forms)**
9. ☐ **Applicant Screening Questionnaire**
10. ☐ **HUD-52675 (Debts owed form)**
11. ☐ **HUD-92006 (Additional contact form)**
12. ☐ **RHIIP (Enterprise Income Verification Form)**

IMPORTANT - We cannot assist anyone who is on the violent or sexual offender list. Please contact me if you have a question about a specific person.

When this has been completed, send the packet to:

Laura Morrison, Program Manager
MDOC Housing Division
PO Box 200545
Helena, MT 59620-0545

My email address is: lmorrison@mt.gov

My phone number is: 406-841-2828

**** A chronically homeless person is an unaccompanied individual with disabling condition (serious mental illness and/or HIV/AIDS) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter.**