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| **PREFERRED ORDER OF DOCUMENTATION CHECKLIST** |
|  |  **Housing Status Income Assets COVID related** |
|  | **Third Party Verification** |
|  | *Third party verification was obtained and is attached to this document. If third party verification cannot be obtained, please indicate reason below*:    Casework Signature/Initials Date  |
|  | **Caseworker Observation** |
|  | *Indicate below the documents/situation observed or discussed with the caseworker making assessment.*     Casework Signature/Initials Date  |
|  | **Self-Certification** |
|  | *Due to third party documentation not being available and that caseworker observation is not possible, the following program factor has been self-certified by client:*    Casework Signature/Initials Date  |

Ver. 1.1 (eff. 3/21)