



Notice of Project Opening — CES

Provider to Coordinated Entry System

Permanent Housing providers should use this document to inform the Coordinated Entry System Lead Agency about project openings

Agency Name: _____

Project name: _____

Number of Project Openings Available: _____ household(s)

- Project Type:**
- permanent supportive housing (for chronically homeless)
 - permanent supportive housing (for military veterans)
 - shared housing (for chronically homeless)
 - housing for those escaping Domestic Violence
 - housing for unaccompanied youth
 - housing for Transition-Aged Youth
 - rehousing for households with no minor children
 - rehousing for families with children younger than 5
 - rehousing for families with children younger than 18 and income only from government sources or without income
 - rehousing for families with children younger than 18 and income from earned sources

This Project provides:

- rent support
- deposits
- actual units of housing
- furnishings
- rent application fees
- other: _____

Duration of Project assistance is:

- up to 3 months
- up to 24 months
- indefinite
- other: _____

Project Contact Information (all eligibility documentation and client referral information should be sent to the below persons by the Coordinated Entry Lead)

Name of Primary Project Contact: _____

Name of Additional Project Contact: _____

Name of Additional Project Contact: _____

Email list of All Project Contacts: _____

Agency phone number: _____

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Eligibility Criteria of Project (checked boxes indicate the individual project's minimum criteria; referred households must meet ALL checked criteria to qualify for assistance):

- Literally homeless (defined by [24 CFR 578.3](#))
- Chronically homeless (defined by [24 CFR 578.3](#))
- Homeless for the past 12 months OR Homeless for 4 separate occasions in the last 3 years and the total length of time spent homeless is at least 12 months
- Permanent Disability (defined by [24 CFR 578.3](#)) that is diagnosed by a qualified clinician/agent
- Case Manager needs to be identified for each client
- Household with children younger than 18
- Household with children younger than 5
- Military veteran
- Single adult
- Youth (including Transition-Age Youth)
- Fleeing from Domestic Violence
- Have a Referral Authorization from another agency (list agency): _____
- Resident of San Joaquin County
- Other: _____

Documentation of Eligibility Requested (referred households should have documentation to expedite enrollment in a project):

- Proof of Homelessness (Shelter intake form, HMIS documentation of homelessness, letter from a third party, self-declaration, etc.)
- Proof of Length of Time Homeless (HMIS documentation of homelessness, HMIS Client Homeless Timeline report, statements from service providers, etc.)
- Proof of Disability (SSI or SSDI Award, Doctor's diagnosis of permanent disabling condition, clinician's diagnosis etc.)
- Proof of Income (SSI or SSDI Award, other disability awards, earned income pay stubs, passport to services, bank statements, etc.)
- Proof of military veteran status
- Referral form from another agency (list agency): _____
- Contact information of Case Manager
- Government-issued ID for all household members
- Social Security card or other document containing Social Security number