Certificate of Documentation and Linkages Eligibility

Applicant Name:
Date:
Instructions: The Linkages Program must serve persons who meet program regulation eligibility. The HA & the SSA must maintain documentation to prove eligibility. Note: This form is to be used as a checklist and guide for program staff. It does not serve as a substitute for the required documentation that should be collected and maintained in each participant's file. When sending the Certificate of Eligibility to the MCO do <u>NOT</u> include documentation. Documentation is only for the SSA file/sharing with the HA, when applicable and with an ROI.
SECTION 1: ATTESTATION APPLICANT IS HOMELESSNESS OR PRECARIOUSLY HOUSED The Linkages Program is for applicants who are precariously housed or homeless. Select the appropriate status from the list below. Check the box indicating the appropriate supporting documentation has been attached.
☐ Living in a place not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings. ☐ Attach a signed and dated letter verifying such status including letters from referring agencies or self-reporting.
☐ Losing their primary nighttime residence, which many include staying with another household, or staying in a motel or hotel. ☐ Attach documentation stating the applicant can no longer stay at the residence, or the date their motel/hotel is paid through.
☐ In an emergency shelter. ☐ Attach a signed and dated letter from a shelter staff person or other social services agency that can verify the shelter stay.
\square In transitional housing. \square Attach a signed and dated letter from the transitional provider verifying the current stay.
☐ Is being evicted from a private dwelling unit. ☐ Attach a signed and dated letter verifying the eviction proceedings (court-ordered eviction).
☐ Is being discharged from an institution in which the person has been a resident and has no subsequent residence or resources. ☐ Attach a signed and dated letter from the institution verifying unsuccessful attempts to secure other housing options.
SECTION 2: DISABILITY VERIFICATION All Linkages participants must be diagnosed as having a serious mental illness as defined by the state of New Mexico. Appropriate documentation such as a letter from a medical doctor, licensed social worker, psychiatrist/psychologist, or a state service agency confirming serious mental illness shall be kept in the file. Added to file, this COE serves as documentation for the HA. Additional documentation should NOT be sent to the HA.

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SECTION 3: EXTREMELY LOW INCOME
The Housing Administrator will conduct a pre-income certification and provide written verification of the participants extremely low-income status. Participants must be at or below the Extremely Low-Income Limits (ELIL) set by HUD for the
county in which they will reside. Current income limits can be found at https://www.huduser.gov/portal/datasets/il.html Based on the information provided on the application, the client is extremely low income
☐ Documentation of all income sources is attached (paystubs, bank records, award letters, etc.)
SECTION 4: NATIVE AMERICANS LIVING OFF RESERVATION (OPTIONAL)
Ten percent of the Linkages program units are set-aside for Native Americans living off reservations that have a serious mental illness. To meet this category, an individual would need to provide, within one year of participation in the program, a verification of their tribal status with a Certificate of Degree of Indian Blood and also verification from the tribe to verify tribal status and verify that they do not live on the reservation. Verbal verification is acceptable to accept an individual into the program; written verification should be secured for participant files. ☐ If applicable, documentation has been added to the file
This document will remain part of the Applicant's file and will be considered documentation the applicant meets the initial criteria for potential participation in the Linkages Program.
SSA Staff Printed Name
SSA Staff Signature
Date

Last Updated: February 2021

SSA Form