

# INDEPENDENT LIVING PROGRAM CHECKLIST

**You can provide your paperwork the following ways:**

**Email:** rthomp18@covhlth.com

**Fax:** 865-374-7317 to the Attention of Rachel Thompson

**Mail or bring:** Peninsula Outpatient Clinic  
Attn: Rachel Thompson  
1451 Dowell Springs Blvd  
Knoxville, TN 37909

1. Applicant Information
  - ☐ Copy of Valid ID, out of state ID must accompany social security card or birth certificate
  - ☐ Copy of Peninsula face sheet (if Peninsula client)
2. Employment/Student/Income Information with last 3 months
  - ☐ If employed, two pay stubs (if paid bi-weekly. Include 4 stubs if paid weekly.)
  - ☐ If student, proof of enrollment
  - ☐ Proof of all sources of income (food stamp letter, child support)
  - ☐ If receiving SSI/SSDI, copy of award letter
  - ☐ If self-employed, taxes or bank statement
3. Mental Health Services within last 3 months
  - ☐ If Peninsula client then verify they are actively participating
  - ☐ Release of Information form for any mental health agency you attend
  - ☐ Letter from agency on company letterhead that you are receiving services
4. Vendor Request for Assistance
  - ☐ Release of Information form for Property/Vendor you owe
  - ☐ Vendor Application (if required)
  - ☐ Utility bill (if requesting assistance)
  - ☐ Invoice from rental property, **CANNOT BE HAND WRITTEN, must include the following:**
    1. Applicant's name
    2. Amount requested
    3. Current balance owed
    4. Amount of initial deposit
    5. List each week applicant has been present (For Sober Living Houses)
    6. Must be on company letterhead
    7. Identify if amount will increase by the time the check arrives
5. Other Requirements
  - ☐ Customer service survey
  - ☐ Signature sheet acknowledging you received survey