



# CASE FILE REVIEW CHECKLIST

Name of Agency:		
Project Name:		
Project Type:	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven	
Staff Consulted and Phone#:		
Name of Reviewer(s):		Date of Review:
Client Last Name/HMIS #:		Coordinated Intake Referral <input type="checkbox"/> Yes <input type="checkbox"/> No

N/A	YES	NO	HOMELESS DETERMINATION & DOCUMENTATION REQUIREMENTS:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Client Identification On File: Birth Cert. [ ] SS card [ ] Driver's Lic. [ ] Other [ ]</p>
			<p>For program participants who qualified because their primary nighttime residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings does a review of program participant files include one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a written referral by another housing or service provider;</li> <li><input type="checkbox"/> a printed record from HMIS or a comparable database used by a victim service or legal service provider;</li> <li><input type="checkbox"/> a written observation by an outreach worker of the conditions where the individual or family was living; or</li> <li><input type="checkbox"/> a written certification by the individual or head of household seeking assistance.</li> </ul> <p style="text-align: right;"><i>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(1)]</i></p>
			<p>For program participants who qualified as homeless because they were exiting an institution where they resided for <u>90 days or less</u>, and had resided in an emergency shelter or place not meant for human habitation immediately <u>before entering that institution</u>, does a review of program participant files have:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> discharge paperwork or written/oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution,</li> <li><input type="checkbox"/> a written record of the intake worker's due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less?</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a written referral by another housing or service provider;</li> <li><input type="checkbox"/> a printed record from HMIS or a comparable databased used by victim service providers or legal service providers;</li> <li><input type="checkbox"/> a written observation by an outreach worker of the conditions where the individual or family was living; or</li> <li><input type="checkbox"/> written certification by the individual or head of household seeking assistance</li> </ul> <p><i>NOTE: Intake workers must document the content of oral statements. Where the intake worker is unable to contact an appropriate official, the intake worker must document his/her due diligence in attempting to obtain a statement from the institution.</i></p> <p style="text-align: right;"><i>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(2)]</i></p>
			<p>Where the program participant qualified under paragraph (4) of the definition of homeless and was <b>served by a victim service provider</b>, do the records show that either the program or the intake worker certified that the individual or head of household:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking, or other dangerous or life threatening conditions that relate to violence;</li> <li><input type="checkbox"/> lacked the resources or support networks necessary to obtain other permanent housing; and</li> <li><input type="checkbox"/> had not identified other subsequent residence?</li> </ul> <p style="text-align: right;"><i>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(5)]</i></p>

N/A ✓	YES ✓	NO ✓	<b>HOMELESS DETERMINATION &amp; DOCUMENTATION REQUIREMENTS (continued):</b>
			<p>Where chronic homelessness is required for entry into a project (e.g., Permanent Supportive Housing), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity? The requirements for documenting chronicity are:</p> <ul style="list-style-type: none"> <li>□ <b>An individual's time in a place not meant for human habitation, an emergency shelter, or a safe haven</b> <ul style="list-style-type: none"> <li>○ <i>Third party documentation</i></li> <li>○ <i>A written record of intake workers due diligence to obtain, AND</i></li> <li>○ <i>Intake worker's documentation of the living situation, AND</i></li> <li>○ <i>Individual's self-certification of the living situation (For all clients, up to 3 months can be documented through self-certification (in limited circumstances, up to the full 12 months can be obtained through self-certification))</i></li> </ul> </li> <li>□ <b>Breaks in Homelessness</b> <ul style="list-style-type: none"> <li>○ <i>Third party documentation</i></li> <li>○ <i>Individual's self-certification</i></li> </ul> </li> <li>□ <b>Institutional Stays</b> <ul style="list-style-type: none"> <li>○ <i>Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and end dates of the time residing in the institutional care facility</i></li> <li>○ <i>A written record of intake workers due diligence to obtain AND</i></li> <li>○ <i>the individual's self-certification that he or she is exiting an institutional care facility where resided less than 90 days</i></li> </ul> </li> <li>□ <b><u>12 Months Cumulative Homeless History</u></b> <ul style="list-style-type: none"> <li>○ <i>Review in HMIS to determine if there are 12 months of cumulative homelessness over the last 3 years.</i></li> <li>○ <i>If there are not 12 months in HMIS but client reports that they have been homeless for the last 12 months in the last three years</i></li> <li>○ <i>Identify other third-party sources (i.e., outreach worker, other professional source)</i></li> <li>○ <i>Identify any documented breaks in HMIS (i.e., stay in transitional housing).</i></li> <li>○ <i>If at least 9 months of homelessness (cumulative or continuous) cannot be obtained by third-party documentation, up to the full 12 months can be documented via self-certification only:</i> <ul style="list-style-type: none"> <li>- <i>Must thoroughly document attempts to obtain third-party documentation and</i></li> <li>- <i>Document why third-party documentation was not obtained</i></li> <li>- <i>Obtain a written certification from individual or head of household of the living situation of the undocumented time period</i></li> </ul> </li> </ul> <p><b><u>Limited to rare and extreme cases and no more than 25 percent of households served in an operating year</u></b></p> <ul style="list-style-type: none"> <li>□ <b>Disability</b> <ul style="list-style-type: none"> <li>○ <i>written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently;</i></li> <li>○ <i>written verification from the Social Security Administration;</i></li> <li>○ <i>the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);</i></li> <li>○ <i>intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed by written verification of the disability</i></li> <li>○ <i>or other documentation approved by HUD: _____</i></li> </ul> </li> </ul> <p style="text-align: right;">[Amends 24 CFR 91.5 and 24 CFR 578.3]</p> </li></ul>

N/A ✓	YES ✓	NO ✓	<b>Overall File Rating:</b>
			Does this client file meet requirements of confirming participant eligibility AND contain the appropriate documentation?
<b>Rating &amp; Miscellaneous</b> Please use this space to list any additional comments, concerns, or observations.			