

## SNHCoC External Monitoring Client Case File Tool - Year 5

**Overview:** This tool was developed based on the logic and design of the Housing First Standards Assessment Tool as provided by the U.S. Department of Housing and Urban Development and modified by Strategic Progress External Monitoring Team in collaboration with Clark County Social Service and the SNHCoC Monitoring Working Group. The tool is designed for deployment by the External Monitoring Team at the recipient/subrecipient level for agency/organization-wide monitoring and compliance assessments. This tool is being deployed as one of a series of tools that have been developed by the Strategic Progress External Monitoring Team, a working group from the SNHCOC, BitFocus HMIS data reports, and HUD. The goal of this tool is to provide an overall outcome score for monitoring based on the HUD Handbook and CFR standards, regulations and requirements. Ultimately, the final score of this tool will inform the overall monitoring score for SNHCoC HUD funded programs for consideration and inclusion in the annual Scoring and Ranking process for available HUD grant funds.

**Provider & EMT Information Tab:** Modified from the Housing First Standards Assessment Tool, the Provider & EMT Information tab is designed to collect agency/organization specific information for points of contact for the recipient/subrecipient, program administrators, and External Monitoring team members. From a transparency perspective, this tab will collect all relevant information to the programs, recipients/subrecipients, External Monitoring Team, and related high level data elements.

**Standards:** Similar to the Housing First Standards Assessment Tool, this tool seeks to identify available groupings or partitions of standards to be assessed, monitored, and evaluated during External Monitoring. For the purpose of this tool, standards are defined as specific component areas of the HUD Handbook, where available. Conducting this type of grouping allows for internal tool weighting practices, which assists with prioritization of monitoring and evaluation outcomes.

**Project Type:** This tool was developed for ALL Project Types to be conducted at the program level as a standalone tool from other developed monitoring tools. The design of this tool ensures maximization of monitoring efficiency and effectiveness from the agency/organization perspective.

**Safeguarding:** This tool is designed and will be deployed to safeguard concerns when assessing ALL projects. Specifically, this tool will work to assure client record confidentiality especially with programs designed to serve victims of domestic violence. The External Monitoring Team will ensure adequate safety and confidentiality policies and practices are implemented and adhered to throughout monitoring activities.

## SNHCoC External Monitoring Client Case File Tool - Year 5

**Scoring (modified from the Housing First Standards Assessment Tool):** For each standard, there are three scoring criteria: "Say It", "Document It", and "Do It" (as explained further below). To show that a project is in full compliance with each standard, the assessor (monitor) should mark "Always/Every time, 100%" for each scoring criteria. Use the drop down in the three columns to the right and select "Always/Every time, 100%", "Usually, 80% to less than 100%", "Frequently, 60% to less than 80%", "Sometimes, 40% to less than 60%", "Occasionally, 20% to less than 40%", "Rarely, less than 20%", or "Not at All/Never, 0%" (NOTE: this tool also includes a "N/A" option). Once an answer is chosen, the Report Summary tab will automatically update to reflect the answers. The responses to these individual case file reviews will inform the monitoring result for the "Do It" responses of the Main Monitoring Tool, All HUD Handbook Exhibit 29-1 questions. Additionally, the "Say It" and "Document It" questions in the Client Case File Tool will be based on the "Say It" and "Document It" results of the Main Monitoring Tool, All HUD Handbook Exhibit 29-1 question responses.

~"Say It" means that project and agency staff can describe verbally what they do concerning each standard. The assessor (monitor) should be able to identify that the organizational culture supports the standard by how staff talks about what is done.

~"Document It" means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.

~"Do It" means that the assessor (monitor) was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

**Assessor (Monitor) Notes:** A cell below each individual standard allows the assessor (monitor) to add optional notes about the information collected for that particular standard. The notes can include where the information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as "Always/Every time, 100%", "Usually, 80% to less than 100%", "Frequently, 60% to less than 80%", "Sometimes, 40% to less than 60%", "Occasionally, 20% to less than 40%", "Rarely, less than 20%", or "Not at All/Never, 0%" (NOTE: this tool also includes a "N/A" option).

## SNHCoC External Monitoring Client Case File Tool - Year 5

Tab	Description	Purpose
Provider & EMT Information	Details for the provider, provider contacts, program(s) for monitoring, and EMT contact and role assignment	To promote transparency of the monitoring process and implementation and guide the monitoring of specific programs in collaboration with each provider and associated staff.
Monitoring Program Roster	Provides a list of the selected client file information to be included in the client file monitoring process to include the following: Head of Household Last Name, UID#, Entry Date, Exit Date, # in Household, # of Assessments, # of Services, Case Worker First Initial and Last Name.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis.
Eligibility Compliance - Say It	Based on the Summary Table from the past monitoring period provides a tabular display of individual case file review components to accompany the Client File Checklist and support the review of client case files with specific focus on the "Say It" portion of the monitoring process.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis for "Say It" review.
Eligibility Compliance - Document It	Based on the Summary Table from the past monitoring period provides a tabular display of individual case file review components to accompany the Client File Checklist and support the review of client case files with specific focus on the "Document It" portion of the monitoring process.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis for "Document It" review.
Eligibility Compliance - Do It	Based on the Summary Table from the past monitoring period provides a tabular display of individual case file review components to accompany the Client File Checklist and support the review of client case files with specific focus on the "Do It" portion of the monitoring process.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis for "Do It" review.

## SNHCoC External Monitoring Client Case File Tool - Year 5

Tab	Description	Purpose
General Eligibility 1-3	Based on the previous year Client File Checklist with questions focused on General Eligibility and applicable to most project types with scoring based on "Say It", "Document It", and "Do It" scoring categories to include 3 questions.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis for General Eligibility Review.
General Eligibility 4 & Program Verification 1-2	Based on the previous year Client File Checklist with questions focused on General Eligibility and Program Verification with applicability to most project types with scoring based on "Say It", "Document It", and "Do It" scoring categories to include 1 question for General Eligibility and 2 questions for Program Verification.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis for General Eligibility and Program Verification Review.
RRH & PSH ONLY 1-3	Based on the previous year Client File Checklist with questions focused on question types applicable to ONLY Rapid Rehousing and Permanent Supportive Housing project types with scoring based on "Say It", "Document It", and "Do It" scoring categories to include 3 questions.	Developed to incorporate a summary of RRH and PSH monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis.
RRH & PSH ONLY 4	Based on the previous year Client File Checklist with questions focused on question types applicable to ONLY Rapid Rehousing and Permanent Supportive Housing project types with scoring based on "Say It", "Document It", and "Do It" scoring categories to include 3 questions.	Developed to incorporate a summary of RRH and PSH monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis.
Client File Summary Table	Provides a tabular display of individual case file review components to accompany the Client File Checklist and support the review of client case files.	Designed to support the review of individual case files for compliance and consistency across hard (paper) and virtual (HMIS) files and ensure proper reporting of monitoring outcomes.

## SNHCoC External Monitoring Client Case File Tool - Year 5

Tab	Description	Purpose
Client File Checklist Guide	Provides a holistic tool for assessing ALL monitored and reviewed case files.	Developed to incorporate a summary of ALL monitored and reviewed files with scoring procedures included at the Standard and Comprehensive levels of analysis.
Client File Checklist Scoring	Provides the outcome scores for the included Standards as well as the Comprehensive Tool Score.	Designed to calculate and display the total score for each Standard as well as the Comprehensive Score for final scoring and reporting procedures.

Provider & Monitoring Team Information	
<b>Provider Information</b>	
Provider's Legal Name	
<b>Project Information</b>	
Project Name	

Provider & Monitoring Team Information	
<b>External Monitoring Team Information</b>	
Name of Monitoring Team Principal Investigator	Dr. Justin S Gardner
Principal Investigator Email Address	<a href="mailto:justin.gardner@innov8reanalysis.com">justin.gardner@innov8reanalysis.com</a>
Principal Investigator Phone Number	702-630-3255
Name of Monitoring Technical Specialist	Maurice Page
Technical Specialist Email Address	<a href="mailto:pagem@pagestrategicsolutions.com">pagem@pagestrategicsolutions.com</a>
Technical Specialist Phone Number	702-340-4813
Name of Monitoring Team Member 1	
Team Member 1 Email Address	
Team Member 1 Phone Number	
Name of Monitoring Team Member 2	
Team Member 2 Email Address	
Team Member 2 Phone Number	
<b>Date of Assessment(s)</b>	

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Monitoring Roster**

*Complete the table below before beginning the Client Case File monitoring process as this is the monitoring roster. (Add new pages of rows as needed)*

No.	Head of Household Last Name	Participant UID#	Date Entered Program	Date Exited Program	# in Household	# of Assessments	# of Services	Case Worker First Initial, Last Name	Notes:
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Monitoring Roster**

*Complete the table below before beginning the Client Case File monitoring process as this is the monitoring roster. (Add new page of rows as needed)*

No.	Head of Household Last Name	Participant UID#	Date Entered Program	Date Exited Program	# in Household	# of Assessments	# of Services	Case Worker First Initial, Last Name	Notes:
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Monitoring Roster**

*Complete the table below before beginning the Client Case File monitoring process as this is the monitoring roster. (Add new page of rows as needed)*

No.	Head of Household Last Name	Participant UID#	Date Entered Program	Date Exited Program	# in Household	# of Assessments	# of Services	Case Worker First Initial, Last Name	Notes:
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Monitoring Roster**

*Complete the table below before beginning the Client Case File monitoring process as this is the monitoring roster. (Add new page of rows as needed)*

No.	Head of Household Last Name	Participant UID#	Date Entered Program	Date Exited Program	# in Household	# of Assessments	# of Services	Case Worker First Initial, Last Name	Notes:
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Monitoring Roster**

*Complete the table below beginning the Client Case File monitoring process as this is the monitoring roster. (Add new page of rows as needed)*

*Additional Comments:*

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It**

*Complete the table from the "Say It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
1	0	0	0							
2	0	0	0							
3	0	0	0							
4	0	0	0							
5	0	0	0							
6	0	0	0							
7	0	0	0							
8	0	0	0							
9	0	0	0							
10	0	0	0							
11	0	0	0							
12	0	0	0							
13	0	0	0							
14	0	0	0							
15	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It**

*Complete the table from the "Say It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
16	0	0	0							
17	0	0	0							
18	0	0	0							
19	0	0	0							
20	0	0	0							
21	0	0	0							
22	0	0	0							
23	0	0	0							
24	0	0	0							
25	0	0	0							
26	0	0	0							
27	0	0	0							
28	0	0	0							
29	0	0	0							
30	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It**

*Complete the table from the "Say It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
31	0	0	0							
32	0	0	0							
33	0	0	0							
34	0	0	0							
35	0	0	0							
36	0	0	0							
37	0	0	0							
38	0	0	0							
39	0	0	0							
40	0	0	0							
41	0	0	0							
42	0	0	0							
43	0	0	0							
44	0	0	0							
45	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It**

*Complete the table from the "Say It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
46	0	0	0							
47	0	0	0							
48	0	0	0							
49	0	0	0							
50	0	0	0							
51	0	0	0							
52	0	0	0							
53	0	0	0							
54	0	0	0							
55	0	0	0							
56	0	0	0							
57	0	0	0							
58	0	0	0							
59	0	0	0							
60	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It**

*Complete the table from the "Say It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

<i>Additional Comments:</i>	
-----------------------------	--

<b>CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Say It</b>									
	<i>Count Dates</i>	<i>Count Dates</i>	<i>Count Yes/No</i>	<i>Count Program Type</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Notes (Yes/No)</i>
Yes responses or Correctly Dated Files			0		0	0	0	0	0
No responses or Incorrectly Dated Files			0		0	0	0	0	0
N/A			0		0	0	0	0	0
Total Count			0		0	0	0	0	0
Total Potential Points (Client Count)			0		0	0	0	0	0
Total Desk Audit Points (Yes/Correctly Dated)			0		0	0	0	0	0

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)**

*Complete the table from the "Document It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
1	0	0	0							
2	0	0	0							
3	0	0	0							
4	0	0	0							
5	0	0	0							
6	0	0	0							
7	0	0	0							
8	0	0	0							
9	0	0	0							
10	0	0	0							
11	0	0	0							
12	0	0	0							
13	0	0	0							
14	0	0	0							
15	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)**

*Complete the table from the "Document It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
16	0	0	0							
17	0	0	0							
18	0	0	0							
19	0	0	0							
20	0	0	0							
21	0	0	0							
22	0	0	0							
23	0	0	0							
24	0	0	0							
25	0	0	0							
26	0	0	0							
27	0	0	0							
28	0	0	0							
29	0	0	0							
30	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)**

*Complete the table from the "Document It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
31	0	0	0							
32	0	0	0							
33	0	0	0							
34	0	0	0							
35	0	0	0							
36	0	0	0							
37	0	0	0							
38	0	0	0							
39	0	0	0							
40	0	0	0							
41	0	0	0							
42	0	0	0							
43	0	0	0							
44	0	0	0							
45	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)**

*Complete the table from the "Document It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
46	0	0	0							
47	0	0	0							
48	0	0	0							
49	0	0	0							
50	0	0	0							
51	0	0	0							
52	0	0	0							
53	0	0	0							
54	0	0	0							
55	0	0	0							
56	0	0	0							
57	0	0	0							
58	0	0	0							
59	0	0	0							
60	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)**

*Complete the table from the "Document It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

<i>Additional Comments:</i>	
-----------------------------	--

<b>CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Site Visit (Document It)</b>									
	<i>Count Dates</i>	<i>Count Dates</i>	<i>Count Yes/No</i>	<i>Count Program Type</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Notes (Yes/No)</i>
Yes responses or Correctly Dated Files			0		0	0	0	0	0
No responses or Incorrectly Dated Files			0		0	0	0	0	0
N/A			0		0	0	0	0	0
Total Count			0		0	0	0	0	0
Total Potential Points (Client Count)			0		0	0	0	0	0
Total Desk Audit Points (Yes/Correctly Dated)			0		0	0	0	0	0

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)**

*Complete the table from the "Do It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
1	0	0	0							
2	0	0	0							
3	0	0	0							
4	0	0	0							
5	0	0	0							
6	0	0	0							
7	0	0	0							
8	0	0	0							
9	0	0	0							
10	0	0	0							
11	0	0	0							
12	0	0	0							
13	0	0	0							
14	0	0	0							
15	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)**

*Complete the table from the "Do It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
16	0	0	0							
17	0	0	0							
18	0	0	0							
19	0	0	0							
20	0	0	0							
21	0	0	0							
22	0	0	0							
23	0	0	0							
24	0	0	0							
25	0	0	0							
26	0	0	0							
27	0	0	0							
28	0	0	0							
29	0	0	0							
30	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)**

*Complete the table from the "Do It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
31	0	0	0							
32	0	0	0							
33	0	0	0							
34	0	0	0							
35	0	0	0							
36	0	0	0							
37	0	0	0							
38	0	0	0							
39	0	0	0							
40	0	0	0							
41	0	0	0							
42	0	0	0							
43	0	0	0							
44	0	0	0							
45	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)**

*Complete the table from the "Do It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Clients meets definition of homeless or at-risk of homelessness	Which Program was identified within the CoC Program: ESG, PSH, RRH, TH, SH, SSO.	Are clients demographic and other characteristics of homeless status, by income and program use recorded	Files contain required proof of eligibility, lease agreements, and Supportive Services.	Evidence that Clients met with case manager at least monthly is recorded in file.	Applicant's records confirm that the requirement was met to ensure that all CoC planning activities paid for with grant funds were eligible per 24 CFR 578.39	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
46	0	0	0							
47	0	0	0							
48	0	0	0							
49	0	0	0							
50	0	0	0							
51	0	0	0							
52	0	0	0							
53	0	0	0							
54	0	0	0							
55	0	0	0							
56	0	0	0							
57	0	0	0							
58	0	0	0							
59	0	0	0							
60	0	0	0							

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)**

*Complete the table from the "Do It" perspective as part of the initial Client Case File monitoring process. (Add new pages of rows as needed)*

<i>Additional Comments:</i>	
-----------------------------	--

CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Desk Audit (Do It)									
	<i>Count Dates</i>	<i>Count Dates</i>	<i>Count Yes/No</i>	<i>Count Program Type</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Count Yes/No</i>	<i>Notes (Yes/No)</i>
Yes responses or Correctly Dated Files			0		0	0	0	0	0
No responses or Incorrectly Dated Files			0		0	0	0	0	0
N/A			0		0	0	0	0	0
Total Count			0		0	0	0	0	0
Total Potential Points (Client Count)			0		0	0	0	0	0
Total Desk Audit Points (Yes/Correctly Dated)			0		0	0	0	0	0

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Client Interview Survey**

*Complete the table as part of the "Do It" score part of the Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Is the Client currently Active in the Program? (Say It)	If not, can the Client be contacted for Survey Participation? (Say It)	Did the Client receive an online version of the survey? (Document It)	If not, did the Client receive a paper-based version of the survey? (Document It)	Did the Client complete the survey? (Do It)	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
1	0	0	0						
2	0	0	0						
3	0	0	0						
4	0	0	0						
5	0	0	0						
6	0	0	0						
7	0	0	0						
8	0	0	0						
9	0	0	0						
10	0	0	0						
11	0	0	0						
12	0	0	0						
13	0	0	0						
14	0	0	0						
15	0	0	0						

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Client Interview Survey**

*Complete the table as part of the "Do It" score part of the Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Is the Client currently Active in the Program? (Say It)	If not, can the Client be contacted for Survey Participation? (Say It)	Did the Client receive an online version of the survey? (Document It)	If not, did the Client receive a paper-based version of the survey? (Document It)	Did the Client complete the survey? (Do It)	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
16	0	0	0						
17	0	0	0						
18	0	0	0						
19	0	0	0						
20	0	0	0						
21	0	0	0						
22	0	0	0						
23	0	0	0						
24	0	0	0						
25	0	0	0						
26	0	0	0						
27	0	0	0						
28	0	0	0						
29	0	0	0						
30	0	0	0						

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Client Interview Survey**

*Complete the table as part of the "Do It" score part of the Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Is the Client currently Active in the Program? (Say It)	If not, can the Client be contacted for Survey Participation? (Say It)	Did the Client receive an online version of the survey? (Document It)	If not, did the Client receive a paper-based version of the survey? (Document It)	Did the Client complete the survey? (Do It)	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
31	0	0	0						
32	0	0	0						
33	0	0	0						
34	0	0	0						
35	0	0	0						
36	0	0	0						
37	0	0	0						
38	0	0	0						
39	0	0	0						
40	0	0	0						
41	0	0	0						
42	0	0	0						
43	0	0	0						
44	0	0	0						
45	0	0	0						

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Client Interview Survey**

*Complete the table as part of the "Do It" score part of the Client Case File monitoring process. (Add new pages of rows as needed)*

No.	Participant UID#	Date Entered Program	Date Exited Program	Is the Client currently Active in the Program? (Say It)	If not, can the Client be contacted for Survey Participation? (Say It)	Did the Client receive an online version of the survey? (Document It)	If not, did the Client receive a paper-based version of the survey? (Document It)	Did the Client complete the survey? (Do It)	Additional Notes (Yes or No, include Participant ID# and Note in Additional Comments.)
46	0	0	0						
47	0	0	0						
48	0	0	0						
49	0	0	0						
50	0	0	0						
51	0	0	0						
52	0	0	0						
53	0	0	0						
54	0	0	0						
55	0	0	0						
56	0	0	0						
57	0	0	0						
58	0	0	0						
59	0	0	0						
60	0	0	0						

**CoC Supportive Services, Case Management, and Record Retention (24 CFR 578.103(c)(1)) - Client Interview Survey**

*Complete the table as part of the "Do It" score part of the Client Case File monitoring process. (Add new pages of rows as needed)*

*Additional Comments:*



**General Eligibility (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	Do the recipient or subrecipient’s written intake procedures and client file management include Coordinated Entry including referral and other documentation?			Do the recipient or subrecipient case management procedures and client file management follow person-centered planning, and the coordination of wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation.			Do the recipient or subrecipient’s written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third party documentation; (2) intake worker observations; and (3) self-certification?			
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	
1	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
2	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
3	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
4	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
5	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
6	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
7	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
8	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
9	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
10	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
11	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
12	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
13	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
14	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
15	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	Do the recipient or subrecipient’s written intake procedures and client file management include Coordinated Entry including referral and other documentation?			Do the recipient or subrecipient case management procedures and client file management follow person-centered planning, and the coordination of wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation.			Do the recipient or subrecipient’s written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third party documentation; (2) intake worker observations; and (3) self-certification?		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
16	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
17	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
18	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
19	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
20	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
21	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
22	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
23	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
24	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
25	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
26	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
27	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
28	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
29	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
30	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	Do the recipient or subrecipient’s written intake procedures and client file management include Coordinated Entry including referral and other documentation?			Do the recipient or subrecipient case management procedures and client file management follow person-centered planning, and the coordination of wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation.			Do the recipient or subrecipient’s written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third party documentation; (2) intake worker observations; and (3) self-certification?		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
31	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
32	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
33	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
34	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
35	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
36	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
37	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
38	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
39	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
40	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
41	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
42	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
43	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
44	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
45	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	Do the recipient or subrecipient’s written intake procedures and client file management include Coordinated Entry including referral and other documentation?			Do the recipient or subrecipient case management procedures and client file management follow person-centered planning, and the coordination of wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation.			Do the recipient or subrecipient’s written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third party documentation; (2) intake worker observations; and (3) self-certification?		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
46	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
47	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
48	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
49	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
50	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
51	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
52	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
53	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
54	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
55	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
56	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
57	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
58	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
59	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
60	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

*Additional Comments:*

General Eligibility & Program Verification (All Programs)									
	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
Not at All/Never, 0%	0	0	0	0	0	0	0	0	0
Rarely, less than 20%	0	0	0	0	0	0	0	0	0
Occasionally, 20% to less than 40%	0	0	0	0	0	0	0	0	0
Sometimes, 40% to less than 60%	0	0	0	0	0	0	0	0	0
Frequently, 60% to less than 80%	0	0	0	0	0	0	0	0	0
Usually, 80% to less than 100%	0	0	0	0	0	0	0	0	0
Always/Every time, 100%	0	0	0	0	0	0	0	0	0
N/A	0	0	0	0	0	0	0	0	0
Total Count	0	0	0	0	0	0	0	0	0
Total Potential Points	0	0	0	0	0	0	0	0	0
Total Points	0	0	0	0	0	0	0	0	0

**General Eligibility (1) & Program Verification (2) (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?			For program participants who qualified because their primary night time residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files			Does the recipient or subrecipient ensure that program participants' eligibility is adequately documented in terms of their homeless status upon entry into the program? Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program or the intake worker certified that the individual or head of household:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
1	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
2	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
3	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
4	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
5	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
6	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
7	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
8	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
9	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
10	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
11	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
12	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
13	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
14	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
15	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (1) & Program Verification (2) (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?			For program participants who qualified because their primary night time residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files			Does the recipient or subrecipient ensure that program participants' eligibility is adequately documented in terms of their homeless status upon entry into the program? Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program or the intake worker certified that the individual or head of household:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
16	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
17	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
18	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
19	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
20	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
21	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
22	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
23	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
24	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
25	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
26	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
27	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
28	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
29	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
30	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (1) & Program Verification (2) (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?			For program participants who qualified because their primary night time residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files			Does the recipient or subrecipient ensure that program participants' eligibility is adequately documented in terms of their homeless status upon entry into the program? Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program or the intake worker certified that the individual or head of household:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
31	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
32	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
33	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
34	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
35	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
36	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
37	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
38	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
39	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
40	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
41	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
42	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
43	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
44	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
45	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility (1) & Program Verification (2) (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

No.	Participant UID#	If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?			For program participants who qualified because their primary night time residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files			Does the recipient or subrecipient ensure that program participants' eligibility is adequately documented in terms of their homeless status upon entry into the program? Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program or the intake worker certified that the individual or head of household:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
46	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
47	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
48	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
49	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
50	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
51	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
52	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
53	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
54	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
55	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
56	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
57	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
58	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
59	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
60	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**General Eligibility & Program Verification (All Programs)**

*Complete the table below as part of the Client Case File review. (Add new pages of rows as needed.)*

*Additional Comments:*

General Eligibility & Program Verification (All Programs)									
	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
Not at All/Never, 0%	0	0	0	0	0	0	0	0	0
Rarely, less than 20%	0	0	0	0	0	0	0	0	0
Occasionally, 20% to less than 40%	0	0	0	0	0	0	0	0	0
Sometimes, 40% to less than 60%	0	0	0	0	0	0	0	0	0
Frequently, 60% to less than 80%	0	0	0	0	0	0	0	0	0
Usually, 80% to less than 100%	0	0	0	0	0	0	0	0	0
Always/Every time, 100%	0	0	0	0	0	0	0	0	0
N/A	0	0	0	0	0	0	0	0	0
Total Count	0	0	0	0	0	0	0	0	0
Total Potential Points	0	0	0	0	0	0	0	0	0
Total Points	0	0	0	0	0	0	0	0	0

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven? Check requirements for documenting an individual's time in a place not meant for human habitation:			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based Breaks in Homelessness? The requirements for documenting Breaks in Homelessness chronicity are: (1) Third party documentation and (2) Individual's self-certification;			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on Institutional Stays? Check the requirements for documenting Institutional Stays chronicity:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
1	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
2	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
3	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
4	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
5	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
6	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
7	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
8	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
9	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
10	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
11	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
12	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
13	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
14	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
15	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven? Check requirements for documenting an individual's time in a place not meant for human habitation:			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based Breaks in Homelessness? The requirements for documenting Breaks in Homelessness chronicity are:  (1) Third party documentation and (2) Individual's self-certification;			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on Institutional Stays? Check the requirements for documenting Institutional Stays chronicity:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
16	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
17	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
18	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
19	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
20	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
21	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
22	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
23	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
24	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
25	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
26	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
27	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
28	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
29	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
30	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven? Check requirements for documenting an individual's time in a place not meant for human habitation:			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based Breaks in Homelessness? The requirements for documenting Breaks in Homelessness chronicity are:  (1) Third party documentation and (2) Individual's self-certification;			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on Institutional Stays? Check the requirements for documenting Institutional Stays chronicity:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
31	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
32	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
33	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
34	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
35	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
36	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
37	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
38	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
39	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
40	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
41	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
42	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
43	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
44	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
45	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven? Check requirements for documenting an individual's time in a place not meant for human habitation:			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based Breaks in Homelessness? The requirements for documenting Breaks in Homelessness chronicity are:  (1) Third party documentation and (2) Individual's self-certification;			Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on Institutional Stays? Check the requirements for documenting Institutional Stays chronicity:		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
46	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
47	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
48	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
49	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
50	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
51	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
52	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
53	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
54	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
55	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
56	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
57	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
58	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
59	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select
60	0	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

<i>Additional Comments:</i>	
-----------------------------	--

Chronicity (RRH & PSH Programs ONLY)									
	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
Not at All/Never, 0%	0	0	0	0	0	0	0	0	0
Rarely, less than 20%	0	0	0	0	0	0	0	0	0
Occasionally, 20% to less than 40%	0	0	0	0	0	0	0	0	0
Sometimes, 40% to less than 60%	0	0	0	0	0	0	0	0	0
Frequently, 60% to less than 80%	0	0	0	0	0	0	0	0	0
Usually, 80% to less than 100%	0	0	0	0	0	0	0	0	0
Always/Every time, 100%	0	0	0	0	0	0	0	0	0
N/A	0	0	0	0	0	0	0	0	0
Total Count	0	0	0	0	0	0	0	0	0
Total Potential Points	0	0	0	0	0	0	0	0	0
Total Points	0	0	0	0	0	0	0	0	0

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity pursuant to a documented disability? Check the requirements for documenting disability for chronicity includes: <i>Note: This is considered to be limited to rare and extreme cases impacting no more than 25 percent of households served in an operating year</i>		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
1	0	Please Select	Please Select	Please Select
2	0	Please Select	Please Select	Please Select
3	0	Please Select	Please Select	Please Select
4	0	Please Select	Please Select	Please Select
5	0	Please Select	Please Select	Please Select
6	0	Please Select	Please Select	Please Select
7	0	Please Select	Please Select	Please Select
8	0	Please Select	Please Select	Please Select
9	0	Please Select	Please Select	Please Select
10	0	Please Select	Please Select	Please Select
11	0	Please Select	Please Select	Please Select
12	0	Please Select	Please Select	Please Select
13	0	Please Select	Please Select	Please Select
14	0	Please Select	Please Select	Please Select
15	0	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual’s chronicity pursuant to a documented disability? Check the requirements for documenting disability for chronicity includes: <i>Note: This is considered to be limited to rare and extreme cases impacting no more than 25 percent of households served in an operating year</i>		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
16	0	Please Select	Please Select	Please Select
17	0	Please Select	Please Select	Please Select
18	0	Please Select	Please Select	Please Select
19	0	Please Select	Please Select	Please Select
20	0	Please Select	Please Select	Please Select
21	0	Please Select	Please Select	Please Select
22	0	Please Select	Please Select	Please Select
23	0	Please Select	Please Select	Please Select
24	0	Please Select	Please Select	Please Select
25	0	Please Select	Please Select	Please Select
26	0	Please Select	Please Select	Please Select
27	0	Please Select	Please Select	Please Select
28	0	Please Select	Please Select	Please Select
29	0	Please Select	Please Select	Please Select
30	0	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual’s chronicity pursuant to a documented disability? Check the requirements for documenting disability for chronicity includes: <i>Note: This is considered to be limited to rare and extreme cases impacting no more than 25 percent of households served in an operating year</i>		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
31	0	Please Select	Please Select	Please Select
32	0	Please Select	Please Select	Please Select
33	0	Please Select	Please Select	Please Select
34	0	Please Select	Please Select	Please Select
35	0	Please Select	Please Select	Please Select
36	0	Please Select	Please Select	Please Select
37	0	Please Select	Please Select	Please Select
38	0	Please Select	Please Select	Please Select
39	0	Please Select	Please Select	Please Select
40	0	Please Select	Please Select	Please Select
41	0	Please Select	Please Select	Please Select
42	0	Please Select	Please Select	Please Select
43	0	Please Select	Please Select	Please Select
44	0	Please Select	Please Select	Please Select
45	0	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

No.	Participant UID#	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual’s chronicity pursuant to a documented disability? Check the requirements for documenting disability for chronicity includes: <i>Note: This is considered to be limited to rare and extreme cases impacting no more than 25 percent of households served in an operating year</i>		
		<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
46	0	Please Select	Please Select	Please Select
47	0	Please Select	Please Select	Please Select
48	0	Please Select	Please Select	Please Select
49	0	Please Select	Please Select	Please Select
50	0	Please Select	Please Select	Please Select
51	0	Please Select	Please Select	Please Select
52	0	Please Select	Please Select	Please Select
53	0	Please Select	Please Select	Please Select
54	0	Please Select	Please Select	Please Select
55	0	Please Select	Please Select	Please Select
56	0	Please Select	Please Select	Please Select
57	0	Please Select	Please Select	Please Select
58	0	Please Select	Please Select	Please Select
59	0	Please Select	Please Select	Please Select
60	0	Please Select	Please Select	Please Select

**Chronicity (RRH & PSH Programs ONLY)**

*Complete the table below as part of the Client Case File review for RRH & PSH Programs ONLY. (Add new pages of rows as needed.)*

*Additional Comments:*

<b>Chronicity Score (RRH &amp; PSH Programs ONLY)</b>			
	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
Not at All/Never, 0%	0	0	0
Rarely, less than 20%	0	0	0
Occasionally, 20% to less than 40%	0	0	0
Sometimes, 40% to less than 60%	0	0	0
Frequently, 60% to less than 80%	0	0	0
Usually, 80% to less than 100%	0	0	0
Always/Every time, 100%	0	0	0
N/A	0	0	0
Total Count	0	0	0
Total Potential Points	0	0	0
Total Points	0	0	0

## Client File Checklist

**Project Name:**

**Grant Year:**

### General Eligibility (All Programs)

Topic Area	CFR	Definition/Evidence	Say It	Document It	Do It
General Eligibility	24 CFR 578.7(a)(8); 24 CFR 76.500(b); 24 CFR 576.500(c)]	Do the recipient or subrecipient's written intake procedures and client file management include Coordinated Entry including referral and other documentation?	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			
General Eligibility	[24 CFR 578.103(a)(3); 24 CFR 576.500(b)]; [24 CFR 578.103(a)(3); 24 CFR 576.500(b)]	Do the recipient or subrecipient case management procedures and client file management follow person-centered planning, and the coordination of wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation.	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			
General Eligibility	[24 CFR 578.103(a)(3); 24 CFR 576.500(b)]	Do the recipient or subrecipient's written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third party documentation; (2) intake worker observations; and (3) self-certification?	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

<b>General Eligibility (All Programs)</b>					
<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
General Eligibility	[24 CFR 578.103(a)(3); 24 CFR 576.500(b)]	If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?	Please Select	Please Select	Please Select
<i>Optional Notes:</i>					

<b>Program Verification (All Programs)</b>					
<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(1)]	<p>For program participants who qualified because their primary night time residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files include one of the following:</p> <p>(1) a written referral by another housing or service provider;</p> <p>(2) a printed record from HMIS or a comparable database used by a victim service or legal service provider;</p> <p>(3) a written observation by an outreach worker of the conditions where the individual or family was living; or</p> <p>(4) a written certification by the individual or head of household seeking assistance.</p>	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

**Program Verification (All Programs)**

<i>Topic Area</i>	<i>CFR</i>	<i>Definition/Evidence</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>
Detailed Recordkeeping Requirements	[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(5)]	Does the recipient or subrecipient ensure that program participants' eligibility is adequately documented in terms of their homeless status upon entry into the program? Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program or the intake worker certified that the individual or head of household (1) 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; (2) lacked the resources or support networks necessary to obtain other permanent housing; and (3) had not identified other subsequent residence?	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

**Chronic Homelessness (RRH and PSH Only)**

<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	[Amends 24 CFR 91.5 and 24 CFR 578.3]	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven? The requirements for documenting an individual's time in a place not meant for human habitation, an emergency shelter or a safe haven chronicity are: (1) Third party documentation, (2) A written record of intake workers due diligence to obtain, and (3) Intake worker's documentation of the living situation, and (4) Individual's self-certification of the living situation (Up to 3 months can be documented through self-certification with additional limited circumstances for up to the full 12 months);	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			
Detailed Recordkeeping Requirements	[Amends 24 CFR 91.5 and 24 CFR 578.3]	Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based Breaks in Homelessness? The requirements for documenting Breaks in Homelessness chronicity are: (1) Third party documentation and (2) Individual's self-certification;	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

**Chronic Homelessness (RRH and PSH Only)**

<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	[Amends 24 CFR 91.5 and 24 CFR 578.3]	<p>Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on Institutional Stays? The requirements for documenting Institutional Stays chronicity are:</p> <p>(1) Discharge paperwork or written/oral referral from a social worker, case manager, or other appropriate official stating beginning and end dates of time residing in the institutional care facility,</p> <p>(2) A written record of intake workers due diligence to obtain,</p> <p>AND (3)</p> <p>Individual's self-certification that he/she is exiting an institutional care facility (less than 90 days);</p>	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

**Chronic Homelessness (RRH and PSH Only)**

<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	[Amends 24 CFR 91.5 and 24 CFR 578.3]	<p>Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity based on 12-months cumulative homeless history? The requirements for documenting 12-months cumulative homeless history for chronicity are:</p> <p>(1) Review HMIS to determine if there are 12 months of cumulative homelessness over the last 3 years.</p> <p>(2) 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.</p> <p>(3) Identify other third-party sources (i.e., outreach worker, other professional source).</p> <p>(d) Identify any documented breaks in HMIS (i.e., stay in transitional housing).</p> <p>(e) 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:</p> <p align="center"><i>(i) Must thoroughly document attempt(s) to obtain third-party documentation and</i></p> <p align="center"><i>(ii) Document why third-party documentation was not obtained,</i></p> <p align="center"><i>(iii) Obtain a written certification from individual or head of household of the living situation of the undocumented time period.</i></p>	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

**Chronic Homelessness (RRH and PSH Only)**

<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	[Amends 24 CFR 91.5 and 24 CFR 578.3]	<p>Where chronic homelessness is required for entry into a project (e.g., PSH), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's chronicity pursuant to a documented disability? The requirement for documenting disability for chronicity includes:</p> <p>(1) 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;</p> <p>(2) written verification from the Social Security Administration;</p> <p>(3) the receipt of a disability check (Social Security Disability Insurance, Veteran Disability Compensation);</p> <p>(4) 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, or</p> <p>(5) other documentation approved by HUD (Please note other documentation in the Optional Notes section below if applicable).</p> <p><i>Note: This is considered to be limited to rare and extreme cases impacting no more than 25 percent of households served in an operating year</i></p>	Please Select	Please Select	Please Select
		<i>Optional Notes:</i>			

***Overall Eligibility Compliance (All Programs)***

Eligibility Compliance		Does this client file meet requirements of confirming participant eligibility AND contain the appropriate documentation based on the information presented in the Summary Table?	Please Select	Please Select	Please Select
<i>Optional Notes:</i>					

**Client File Checklist - All Programs**

<b>Topic Area</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
General Eligibility	N/A	0	0	0
	Not at All/Never, 0%	0	0	0
	Rarely, less than 20%	0	0	0
	Occasionally, 20% to less than 40%	0	0	0
	Sometimes, 40% to less than 60%	0	0	0
	Frequently, 60% to less than 80%	0	0	0
	Usually, 80% to less than 100%	0	0	0
	Always/Every time, 100%	0	0	0
	Total Count	0	0	0
	Total Available Points	0	0	0
	Total Score	0	0	0
Detailed Recordkeeping Requirements	N/A	0	0	0
	Not at All/Never, 0%	0	0	0
	Rarely, less than 20%	0	0	0
	Occasionally, 20% to less than 40%	0	0	0
	Sometimes, 40% to less than 60%	0	0	0
	Frequently, 60% to less than 80%	0	0	0
	Usually, 80% to less than 100%	0	0	0
	Always/Every time, 100%	0	0	0
	Total Count	0	0	0
	Total Available Points	0	0	0
	Total Score	0	0	0

**Chronic Homelessness RRH and PSH Only**

<b>Topic Area</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Detailed Recordkeeping Requirements	N/A	0	0	0
	Not at All/Never, 0%	0	0	0
	Rarely, less than 20%	0	0	0
	Occasionally, 20% to less than 40%	0	0	0
	Sometimes, 40% to less than 60%	0	0	0
	Frequently, 60% to less than 80%	0	0	0
	Usually, 80% to less than 100%	0	0	0
	Always/Every time, 100%	0	0	0
	Total Count	0	0	0
	Total Available Points	0	0	0
	Total Score	0	0	0

<b>Comprehensive Score</b>				
<b>Topic Area</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Comprehensive	N/A	0	0	0
	Not at All/Never, 0%	0	0	0
	Rarely, less than 20%	0	0	0
	Occasionally, 20% to less than 40%	0	0	0
	Sometimes, 40% to less than 60%	0	0	0
	Frequently, 60% to less than 80%	0	0	0
	Usually, 80% to less than 100%	0	0	0
	Always/Every time, 100%	0	0	0
	Total Count	0	0	0
	Total Available Points	0	0	0
	Total Score	0	0	0

Client File Checklist - All Programs					
Project Name:			Grant Year: 1 July 2021 - 30 June 2022		
Topic Area	CFR	Definition/Evidence	Say It	Document It	Do It
Eligibility Compliance		Client Homelessness Definition - Total Score	0	0	0
		Client Homelessness Definition - Total Available Points	0	0	0
		Demographics & Income Status - Total Score	0	0	0
		Demographics & Income Status - Total Available Points	0	0	0
		Proof of Eligibility - Total Score	0	0	0
		Proof of Eligibility - Total Available Points	0	0	0
		Evidence of Case Management - Total Score	0	0	0
		Evidence of Case Management - Total Available Points	0	0	0
		Funding Eligibility Confirmed - Total Score	0	0	0
		Funding Eligibility Confirmed - Total Available Points	0	0	0
		Client Interview Survey - Total Score	0	0	0
		Client Interview Survey - Total Available Points	0	0	0
		Eligibility Compliance - Total Score	0	0	0
		Eligibility Compliance - Total Available Points	0	0	0
		Total Score for Eligibility Compliance	#DIV/0!	#DIV/0!	#DIV/0!
General Eligibility		General Eligibility 1 - Total Score	0	0	0
		General Eligibility 1 - Total Available Points	0	0	0
		General Eligibility 2 - Total Score	0	0	0
		General Eligibility 2 - Total Available Points	0	0	0
		General Eligibility 3 - Total Score	0	0	0
		General Eligibility 3 - Total Available Points	0	0	0
		General Eligibility 4 - Total Score	0	0	0
		General Eligibility 4 - Total Available Points	0	0	0
		General Eligibility - Total Score	0	0	0
		General Eligibility - Total Available Points	0	0	0
		Total Score for General Eligibility	#DIV/0!	#DIV/0!	#DIV/0!

**Program Verification & Chronic Homelessness RRH and PSH Only**

<b>Project Name:</b>		<b>0</b>	<b>Grant Year: 1 July 2021 - 30 June 2022</b>		
<b>Topic Area</b>	<b>CFR</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Program Verification		Program Verification 1 - Total Score	0	0	0
		Program Verification 1 - Total Available Points	0	0	0
		Program Verification 2 - Total Score	0	0	0
		Program Verification 2 - Total Available Points	0	0	0
		Program Verification - Total Score	0	0	0
		Program Verification - Total Available Points	0	0	0
		Total Score for Program Verification	#DIV/0!	#DIV/0!	#DIV/0!
RRH & PSH ONLY		RRH & PSH 1 - Total Score	0	0	0
		RRH & PSH 1 - Total Available Points	0	0	0
		RRH & PSH 2 - Total Score	0	0	0
		RRH & PSH 2 - Total Available Points	0	0	0
		RRH & PSH 3 - Total Score	0	0	0
		RRH & PSH 3 - Total Available Points	0	0	0
		RRH & PSH 4 - Total Score	0	0	0
		RRH & PSH 4 - Total Available Points	0	0	0
		RRH & PSH - Total Score	0	0	0
		RRH & PSH - Total Available Points	0	0	0
		Total Score for RRH & PSH	#DIV/0!	#DIV/0!	#DIV/0!

<b>Comprehensive Score</b>					
<b>Project Name:</b>		<b>0</b>	<b>Grant Year: 1 July 2021 - 30 June 2022</b>		
<b>Topic Area</b>	<b>Definition/Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>	
Comprehensive	Eligibility Compliance - Total Score	0	0	0	
	Eligibility Compliance - Total Available Points	0	0	0	
	General Eligibility - Total Score	0	0	0	
	General Eligibility - Total Available Points	0	0	0	
	Program Verification - Total Score	0	0	0	
	Program Verification - Total Available Points	0	0	0	
	RRH & PSH - Total Score	0	0	0	
	RRH & PSH - Total Available Points	0	0	0	
	Comprehensive - Total Score	0	0	0	
	Comprehensive - Total Available Points	0	0	0	
	Comprehensive - Total Count	0	0	0	
	Total Score for Comprehensive		#DIV/0!	#DIV/0!	#DIV/0!

<i>Final Tool Score</i>					
<i>Project Name:</i>		0		<i>Grant Year:</i>	1 July 2021 - 30 June 2022
<i>Topic Area</i>	<i>Definition/Evidence</i>	<i>Say It</i>	<i>Document It</i>	<i>Do It</i>	
Final Tool Score	Comprehensive - Total Score	0	0	0	
	Comprehensive - Total Available Points	0	0	0	
	Comprehensive - Total Count	0	0	0	
	Total Overall Score	0			
	Total Overall Available Points	0			
	Total Overall Count	0			
	Total Overall Comprehensive Percentage Score	#DIV/0!			