# ESG Monitoring Client File Checklist

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| **Client Name:** |       |  **Date:**       |
| **Date Entered:** |       | **Date Exited:** |       | **Client HMIS #:** |       |
| **Household:** | [ ]  **Client is Head of Household** [ ]  **Client is Member of Household**  |
| **Project Name:** |       |
| **Component Type:** | [ ]  **ES Shelter** [ ]  **ES Homeless Prevention** [ ]  **ES Rapid Re-Housing** |

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| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  | **Project Category**  |
|  |  |  | **PRE-SCREENING ASSESSMENT** |  |
| [ ]  | [ ]  | [ ]  | Evidence of Initial Consultation  | ALL |
| [ ]  | [ ]  | [ ]  | Documentation that client has been screened through Coordinated Entry | ALL |
| [ ]  | [ ]  | [ ]  | Homeless Prevention Pre-Screen/HMIS Printout | ALL |
| [ ]  | [ ]  | [ ]  | HMIS Release of Information (ROI) and Confidentiality Info | ALL |
| [ ]  | [ ]  | [ ]  | Identification Documentation | ALL |
|  |  |  | **ELIGIBILITY DOCUMENTATION** |  |
| [ ]  | [ ]  | [ ]  | ESG FORM 1: Homeless Certification *(for Re-Housing Assistance and Prevention)* and required documentation | ES RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 2: At Risk of Homelessness Certification  | HP |
| [ ]  | [ ]  | [ ]  | ESG FORM 3: Chronic Homeless Certification and required documentation | ES RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 4: Disability Certification | ES RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 5: Self Certification *(if required)* | ALL |
| [ ]  | [ ]  | [ ]  | ESG FORM 6: Staff Affidavit of Eligibility | ALL |
|  |  |  | **INCOME DOCUMENTATION** |  |
| [ ]  | [ ]  | [ ]  | ESG FORM 7: Verification of Tracking of Income | HP RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 8: Verification of Income | HP RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 9: Calculation Worksheet or HUD Income Calculator PrintoutHOUSING DOCUMENTATION | HP RR |
| [ ]  | [ ]  | [ ]  | Income Recertification documentation.  | HP RR |
|  |  |  | **CASE MANAGEMENT DOCUMENTATION** |  |
| [ ]  | [ ]  | [ ]  | Housing Assessment and Housing Plan Completed | HP RR |
| [ ]  | [ ]  | [ ]  | Documentation Case Manager has met with client monthly | HP RR |
| [ ]  | [ ]  | [ ]  | Demonstration of referral to mainstream services | HP RR |
| [ ]  | [ ]  | [ ]  | Signed Client Receipt for Program Rules, Privacy Policy, Termination Policy, Grievance Policy  | HP RR |
| [ ]  | [ ]  | [ ]  | Record of Essential Services/ Services by Category | HP RR ES |
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| **Yes** | **No** | **N/A** |  | **Project Category** |
|  |  |  | **RENTAL ASSISTANCE** |  |
| [ ]  | [ ]  | [ ]  | Copy of Lease | HP RR |
| [ ]  | [ ]  | [ ]  | Housing Stability Plan | HP RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 10: Rent Reasonableness Checklist and FMR Certification | HP RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 11: Housing Habitability Standards Inspection  | HP RR ES |
| [ ]  | [ ]  | [ ]  | ESG FORM 12: LBP Lead Screen Worksheet | HP RR |
| [ ]  | [ ]  | [ ]  | ESG FORM 13: Utility Assistance Eligibility | HP RR |
|  |  |  | **ELIGIBILTY DOCUMENTATION OF NEED** |  |
| [ ]  | [ ]  | [ ]  | Court Ordered Summons, Complaint or Judgment *(If applicable-HP Programs, only)* | HP |
| [ ]  | [ ]  | [ ]  | Eviction Notice *(If applicable-HP Programs, only)* | HP |
| [ ]  | [ ]  | [ ]  | Utility Shut-off or Late Payment Notice *(If applicable-HP Programs, only)* | HP |
| [ ]  | [ ]  | [ ]  | Denial Notices of services from agencies *(If applicable-HP Programs, only)* | HP |
| [ ]  | [ ]  | [ ]  | Certification of Domestic Violence *(If applicable-RRH Programs, only)* | RRH |
| [ ]  | [ ]  | [ ]  | Shelter Referral Documentation *(If applicable)* | RRH |
| [ ]  | [ ]  | [ ]  | Verification that no other resources available *(Applicable to RRH Programs, only)* | RRH |
|  |  |  | **HOUSING RELOCATION AND STABALIZATION** |  |
| [ ]  | [ ]  | [ ]  | Utility Payment Documentation | HP RR |
| [ ]  | [ ]  | [ ]  | Moving Costs Documentation | HP RR |
| [ ]  | [ ]  | [ ]  | Storage Cost Documentation  | HP RR |
| [ ]  | [ ]  | [ ]  | Hotel/Motel Voucher Documentation  | HP RR |
|  |  |  | **FISCAL DOCUMENTATION AND CLOSEOUT** |  |
| [ ]  | [ ]  | [ ]  |  Documentation Supporting End of Assistance  services, and household has been exited out of HMIS |  |
| [ ]  | [ ]  | [ ]  | Termination Documentation  |  |
|  Exit Interview and/or Client Satisfaction Survey |  Exit Interview and/or Client Satisfaction Survey |  Exit Interview and/or Client Satisfaction Survey |  Exit Interview and/or Client Satisfaction Survey |  |
| [ ]  | [ ]  | [ ]  |  Documentation of Client Follow-Up |  |