# CoC 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:** | [ ] **Permanent Supportive Housing** [ ] **PH-Rapid Re-Housing**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  |
|  |  |  | **PRE-SCREENING ASSESSMENT** |
|  [ ]  |  [ ]  |  [ ]  | Evidence of Initial Consultation  |
|  [ ]  |  [ ]  |  [ ]  | Documentation that client has been screened through Coordinated Entry |
|  [ ]  |  [ ]  |  [ ]  | VI-SPDAT  |
|  [ ]  |  [ ]  |  [ ]  | HMIS Release of Information (ROI)/Confidentiality Info |
|  [ ]  |  [ ]  |  [ ]  | Identification Documentation |
|  |  |  | **ELIGIBILITY DOCUMENTATION** |
|  [ ]  |  [ ]  |  [ ]  | COC FORM 1: Homelessness Certification |
|  [ ]  |  [ ]  |  [ ]  | COC FORM 3: Documentation of Chronic Homeless Certification  |
|  [ ]  |  [ ]  |  [ ]  |  Summary of steps taken to verify client does not receive other subsidies for rent, utilities, etc.  |
|  [ ]  |  [ ]  |  [ ]  |  COC FORM 4: Disability Certification |
|  [ ]  |  [ ]  |  [ ]  |  COC FORM 5: Self Certification *(if required)* |
|  [ ]  |  [ ]  |  [ ]  |  COC FORM 6: Staff Affidavit of Eligibility |
|  |  |  | **INCOME AND RENT DOCUMENTATION** |
|  [ ]  |  [ ]  |  [ ]  | COC FORM 7: Verification Tracking of Income |
|  [ ]  |  [ ]  |  [ ]  | COC FORM 8: Verification of Income |
|  [ ]  |  [ ]  |  [ ]  | COC FORM 9: Calculation Worksheet or HUD Income Calculator Printout *(*[*https://www.hudexchange.info/incomecalculator/*](https://www.hudexchange.info/incomecalculator/)*)* |
|  [ ]  |  [ ]  |  [ ]  | Income Recertification Documentation (annually) |
|  |  |  | **CASE MANAGEMENT DOCUMENTATION** |
|  [ ]  |  [ ]  |  [ ]  | ISP, Housing Assessment and Housing Plan Completed |
|  [ ]  |  [ ]  |  [ ]  | Documentation Case Manager has met with client monthly |
|  [ ]  |  [ ]  |  [ ]  | Demonstration of Mainstream Service Referrals |
|  | Signed Client Receipt for: |
|  [ ]  |  [ ]  |  [ ]  | * Program Rules
 |
|  [ ]  |  [ ]  |  [ ]  | * Equal Access/Non-Discrimination Info
 |
|  [ ]  |  [ ]  |  [ ]  | * Privacy Policy
 |
|  [ ]  |  [ ]  |  [ ]  | * Termination Policy
 |
|  [ ]  |  [ ]  |  [ ]  | * Grievance Policy
 |
|  [ ]  |  [ ]  |  [ ]  | Record of Essential Services/ Services by Category |

# CoC Monitoring Client File Checklist, *continued*

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| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  |
|  |  |  | **LEASING OR RENTAL ASSISTANCE** |
|  [ ]  |  [ ]  |  [ ]  | Is there an occupancy charge (tenant rent)? |
|  [ ]  |  [ ]  |  [ ]  | Applicable Utility Allowance Documentation |
|  [ ]  |  [ ]  |  [ ]  | Copy of Occupancy Agreement, Lease or Sublease |
|  [ ]  |  [ ]  |  [ ]  | Housing Stability Plan |
|  [ ]  |  [ ]  |  [ ]  | CoC FORM 10: Rent Reasonableness – Checklist Completed and Compliance with FMR and Utility Allowance |
|  [ ]  |  [ ]  |  [ ]  | CoC FORM 11: HQS Inspection Form Completed  |
|  [ ]  |  [ ]  |  [ ]  | CoC FORM 11: HQS *Re*-Inspection—if rent assistance exceeds 12 months |
|  [ ]  |  [ ]  |  [ ]  | CoC FORM 12: Lead Screen Worksheet Completed |
|  |  |  | **FISCAL DOCUMENTATION AND CLOSEOUT** |
|  [ ]  |  [ ]  |  [ ]  | Documentation Supporting End of Assistance  |
|  [ ]  |  [ ]  |  [ ]  | Termination Documentation if participant has been terminated from program |
|  [ ]  |  [ ]  |  [ ]  | Exit Interview and/or Client Satisfaction Survey |
|  [ ]  |  [ ]  |  [ ]  | Documentation of Client Follow-Up |