**Client File Checklist**

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Date \_\_\_\_\_\_\_\_\_\_\_\_ Exit Date \_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials \_\_\_\_\_\_\_\_\_\_\_\_

**DIVERSION**

*In general, the client file must demonstrate a) eligibility; b) types, amounts, and duration of service; and c) that program requirements were met.*

1. \_\_\_\_\_\_ **Intake form/Initial Assessment,** with entry date clearly documented.*(24 CFR 576.401(a))*
2. \_\_\_\_\_\_ **Documentation** that the client meets an eligible **definition of homelessness.** *(24 CFR 576.55(b))*

Eligible under Rapid Re-Housing

[ ]  Literally homeless (category 1 homeless)

Eligible under Homelessness Prevention

[ ]  Imminent risk of homelessness (category 2 homeless)

[ ]  Homeless under other federal statues (category 3 homeless)

☐ Fleeing/attempting to flee domestic violence (category 4 homeless)

[ ]  At-Risk-of-Homelessness

1. \_\_\_\_\_\_ If there is no source documentation or third-party documentation of homelessness, certification from the agency that efforts were made to obtain it. *Self-certification by client is sufficient for single-day services. (24 CFR 576.500(b))*
2. \_\_\_\_\_\_ An **income evaluation form** establishing that the client earns **less than 30% CMI.** The form must contain the minimum requirements specified by HUD and **corresponding source documents**. In the absence of source documentation, there may be third-party verification and in the absence of third-party verification there must be at least certification from the client.*Self-certification by client is sufficient for single-day services. (24 CFR 576.401)*
3. \_\_\_\_\_\_ Record of **services provided** *(24 CFR 576.105 & 106**,* *576.500(l))*

|  |  |
| --- | --- |
| Stabilization Services |  |
| [ ]  Housing search and placement[ ]  Housing stability case management | [ ]  Mediation[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*
2. \_\_\_\_\_\_ Documentation ofat least one **case management meeting**. *(24 CFR 576.401(ei))*
3. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database). *A statement initialed by a staff member is sufficient.*
4. \_\_\_\_\_\_ Evidence that the client was informed of the agency’s **termination procedure** and any correspondence related to a termination proceeding, if applicable. *(24 CFR 576.56(a3)) (not required for single-day services)*
5. \_\_\_\_\_\_ Record of a **Housing Stability Plan** to assist the program participant to retain permanent housing after the assistance ends. *(24 CFR 576.401(eii)) (not required for single-day services)*