**Client File Checklist**

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

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials \_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Medical**

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))*

Literally homeless (category 1 homeless)

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. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*
3. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database). *A statement initialed by a staff member is sufficient.*