**Client File Checklist**

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

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

**RAPID RE-HOUSING**

*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 the Category 1: Literally Homeless **definition of homelessness**. *(24 CFR 576.55(b))*
3. \_\_\_\_\_\_ If there is no source documentation or third-party documentation, certification from the agency that efforts were made to obtain it. *(24 CFR 576.500(b))*
4. \_\_\_\_\_\_ 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. *(24 CFR 576.401)*
5. \_\_\_\_\_\_ Record of **services provided** *(24 CFR 576.105 & 106, 576.500(l))*

|  |  |
| --- | --- |
| Financial Assistance | Stabilization Services |
| [ ]  Security deposit[ ]  Rental assistance[ ]  Rental arrears[ ]  Rental application fees[ ]  Last month’s rent[ ]  Utility deposits/payments[ ]  Moving costs | [ ]  Housing search and placement[ ]  Housing stability case management[ ]  Mediation[ ]  Legal services[ ]  Credit repair |

1. \_\_\_\_\_\_ 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))*
2. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*
3. \_\_\_\_\_\_ Evidence of a **case management meeting at least monthly**. *(24 CFR 576.401(ei))*
4. \_\_\_\_\_\_ Record of a **House Stability Plan** to assist the program participant to retain permanent housing after the assistance ends. *(24 CFR 576.401(eii))*
5. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database).
6. \_\_\_\_\_\_ If the client receives a year or more of assistance, **evidence of continued eligibility** which includes re-evaluation of income and other resources and support networks. *(24 CFR 576.401(b))*

**If rental assistance is provided, the following requirements apply:**

1. \_\_\_\_\_\_ A copy of the **lease agreement.** *(24 CFR 576.106(g), 24 CFR 576.500(h))*
2. \_\_\_\_\_\_ Documentation of the **amount and type of financial assistance** provided to the client. *(24 CFR 576.500(f1)&(u))*
3. \_\_\_\_\_\_ Documentation of **payments made to landlords**. *(24 CFR 576.500(h))*
4. \_\_\_\_\_\_ Certification that assisted unit complies with **Rent Reasonableness.** *(24 CFR 982.507)*
5. \_\_\_\_\_\_Certification that assisted unit is at or below the **Fair Market Rent** for the area**.** *(24 CFR 982.503)*
6. \_\_\_\_\_\_ A completed minimum **Habitability Standards** checklist.*(24 CFR 576.403)*
7. \_\_\_\_\_\_ If payment assistancelasts more than 100 days, the unit was built before 1978,and a child under 6 years of age or a pregnant woman is/will be in residence, demonstration that the **unit assisted is lead safe** and that the agency **followed lead-safe rules.** *(24 CFR 576.403(a))*
8. \_\_\_\_\_\_ **Rental Assistance Agreement** with the landlord outlining the terms of the assistance. *(24 CFR 576.106(e), 24 CFR 576.500(h))*