

# 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
3. \_\_\_\_\_ 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))
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. *Self-certification by client is sufficient for single-day services.* (24 CFR 576.401)
5. \_\_\_\_\_ Record of **services provided** (24 CFR 576.105 & 106, 576.500(l))
  - Stabilization Services
    - Housing search and placement
    - Mediation
    - Housing stability case management
    - Other \_\_\_\_\_
6. \_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. (24 CFR 576.401(d))
7. \_\_\_\_\_ Documentation of at least one **case management meeting**. (24 CFR 576.401(ei))
8. \_\_\_\_\_ Certification of the client's program **entry into HMIS** (or comparable database). *A statement initialed by a staff member is sufficient.*
9. \_\_\_\_\_ 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)*
10. \_\_\_\_\_ 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)*