

Client File Checklist

Client Name _____ Program _____

Entry Date _____ Exit Date _____ Case Manager Initials _____

EMERGENCY SHELTER

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))
 - Literally Homeless (category 1 homeless)
 - Imminent-Risk-of-Homelessness (category 2 homeless)
 - Homeless under other federal statutes (category 3 homeless)
 - Fleeing or attempting to flee domestic violence (category 4 homeless)
3. _____ Record of **services provided** (24 CFR 576.102(a1), 576.500(l))
 - Essential Services

<input type="checkbox"/> Case management	<input type="checkbox"/> Life skills training
<input type="checkbox"/> Child care	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Education services	<input type="checkbox"/> Substance abuse treatment services
<input type="checkbox"/> Employment assistance/job training	<input type="checkbox"/> Transportation
<input type="checkbox"/> Outpatient health services	<input type="checkbox"/> Motel voucher
<input type="checkbox"/> Legal services	
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))
5. _____ Certification of the client's program **entry into HMIS** (or comparable database). *A statement initialed by a staff member is sufficient.*
6. _____ Demonstration of **referral and connection** to homeless and mainstream services. (24 CFR 576.401(d))