



## 2018 On-Site File Review Checklist for SSO Programs

The following file review checklist will be used to determine whether appropriate documentation has been maintained by a CoC grant recipient. The reviewer is responsible for determining whether sufficient supporting documentation is included in the program participant relevant files. The reviewers will review client files and HMIS records for 6-10 program participants. Each question will be marked as 'Yes', 'No', or 'Not Applicable.' Details to each question are available in the attached Appendix.

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### A. GENERAL RECORDKEEPING REQUIREMENTS

1. Do the records demonstrate that the recipient had documentation that program participants are entered into HMIS in accordance with the program requirements?
2. Do the records demonstrate that the recipient had documentation that program participants are accurately completing the HMIS Client Consent for Data Sharing?
3. Do the records demonstrate that the agency is able to make the current Chicago HMIS Privacy Packet available to program participants upon request?
4. Does the agency have the (HMIS) Standard Agency Privacy Posting displayed where consumers can easily view the sign?
5. Do the HMIS records demonstrate that the recipient accurately entered the HMIS Client Consent for Data Sharing?
6. Do the HMIS records demonstrate that the recipient had documentation that program participants are screened and referred via Coordinated Entry?
7. Do the HMIS records demonstrate that the recipient accurately entered HMIS Needs Statuses for all program participants in alignment with Coordinated Entry policies and procedures?



8. Do the HMIS records and client files demonstrate that the recipient accurately entered client enrollment dates, housing status, income, and move-in dates?
9. Where a disability is required for entry into a project (e.g., Permanent Supportive Housing), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's disability?

## B. DETAILED RECORDKEEPING B. REQUIREMENTS FOR INDIVIDUALS AND FAMILIES QUALIFYING UNDER THE HOMELESSNESS DEFINITION

10. For program participants who qualified because their primary nighttime residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files include a form of written documentation as defined the attached Appendix?
11. For program participants who qualified as homeless because they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution, does a review of program participant files confirm that they were in the institution 90 days or less as evidenced by written documentation as defined the attached Appendix?
12. For program participants who qualified as homeless because they were exiting an institution where they resided for 90 days or less and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution, does a review of program participant files confirm that the program participant resided in a shelter or place not meant for human habitation



immediately prior to entering the institution, as evidenced by written documentation as defined the attached Appendix.?

13. Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program participant or the intake worker certified in writing that the individual or head of household made an oral statement that the program participant was, or continues to be, subject to any of the three (3) criteria as defined in the attached Appendix?
14. Where the program participant qualified under paragraph (4) of the definition of homeless and was served by an organization that is not a victim service provider, do the records contain the required documentation and support for the program participant's oral statement that the individual or family was, or continues to be, subject to any of the three (3) criteria as defined in the attached Appendix?



## C. DETAILED RECORDKEEPING REQUIREMENTS FOR INDIVIDUALS AND FAMILIES QUALIFYING UNDER THE CHRONIC HOMELESSNESS DEFINITION

15. Where chronic homelessness is required for entry into a project (e.g., Permanent Supportive Housing), does a review of program participant files confirm that there is acceptable evidence of the qualifying household's chronic homeless status?



## D: OVERALL

16. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients conduct an initial/move-in and annual Housing Quality Standards inspections?
17. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients conduct a lead-based paint inspection if applicable?
18. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients conduct an ongoing assessment of services? Is there evidence of at least annual assessment of service needs to ensure mainstream benefits are received and renewed, including referrals to Affordable Healthcare?
19. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients complete an initial Individual Service Plan developed by the participant and Case Manager that includes goals and timeline for completion?
20. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients provide referrals to mainstream resources?
21. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients provide participants with a clear reason for termination?
22. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients provide participants with a due process for termination?
23. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients document evidence of participants exit destination?



24. Does a review of program participant files confirm that there is acceptable evidence that the recipient or its subrecipients follow a Housing First approach?
25. Does a review of program participant files confirm that there is acceptable evidence that the recipient, or its subrecipients, do not terminate participants from the program for the reasons as outlined in the attached Appendix?



## E: SSO

56. Were supportive services being provided by a recipient or its subrecipients that did not also provide the housing or housing assistance for the program participants?



## APPENDIX

1. Does the enrollment date in HMIS match the enrollment date in the client file?
2. Is the HMIS Client Consent for Data Sharing in the client file filled out completely and was the correct form used?
3. Does the agency have a copy of the privacy packet easily accessible?
4. Were the reviewers able to view a public posting of the Standard Agency Privacy Posting? Was the posting the most updated version?
5. Does the ROI data in HMIS match the client responses on the HMIS Client Consent Form in the client file?
6. Does the client have a referral in HMIS from CES to the project?
7. Does the client's needs status in HMIS reflect that the client is enrolled in the program?
8. Does the client's HMIS record match the data collected by the provider as reflected in the client's file?
9. The requirements for documenting disability are:
  - a. written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently; or
  - b. written verification from the Social Security Administration; or
  - c. the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); or
  - d. intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in paragraph (c)(1), (2), (3), or (4) of this section; or
  - e. other documentation approved by HUD.





10. Does the client file have acceptable documentation to support the client's primary nighttime residence at entry into the program? Does the documentation verify that the client was literally homeless prior to entry into the program?
11. Does the file have documentation that verifies the institutional stay was less than 90 days? Does the documentation support that the client was exiting an institution prior to enrollment?
12. Does the file have documentation that verifies that the client was literally homeless the night before the start of their institutional stay?
13. Does the record demonstrate the client was not required to obtain any unnecessary documentation to support their DV status?
14. Does the documentation meet the applicable criteria below? 1. a written certification by the head of household that the statement is true and complete; and 2. a written observation of the intake worker or a written referral by a housing or service provider, legal assistance provider, social worker, health care provider, law enforcement agency, pastoral counselor, or any other organization from whom the program participant had sought assistance for domestic violence, dating violence, sexual assault, or stalking. (This written referral or observation need only include the minimum amount of information required to document that the individual or family is fleeing domestic violence, dating violence, sexual assault or stalking and is not required if obtaining or maintaining this information would have jeopardized the program participant's health or safety).
15. Is there supporting documentation to verify the Head of Household met the Chronic Homeless Definition (at the time of intake):

**A homeless individual:**

- Current Living Situation: Currently living in a place not meant for human habilitation, safe haven, or emergency shelter;
- Disability Status: With a disability; and,
- Duration of Homelessness: Has been homeless on the streets or in shelter either:



- o Continuously for at least 12 months; or,
- o On at least 4 separate occasions in the last 3 years, so long as the combined occasions equal at least 12 months (365 days)

“Chronically homeless” also includes:

- Institutional Care: Persons who have been residing in an institutional care facility (e.g., jail, substance abuse or mental health treatment facility, hospital, or other similar facility) for fewer than 90 days who met all the necessary criteria above prior to entering that facility; or,
- Families: Families with an adult head of household or, if there is no adult in the family, a minor head of household who meets all the necessary criteria above.

**Current Homeless Status:**

Does a review of program participant files confirm that there is acceptable evidence of the qualifying head of households’ current homelessness? One of the following:

- HMIS record(s) or comparable database
- Written referral by another housing or service provider
- Written physical observations of where the individual was or is currently living by staff and written record of reasonable efforts to obtain HMIS record or written referral
- Certification by the individual or head of household seeking assistance and written record of reasonable efforts to obtain HMIS record or written referral

**Disability:**

Does a review of program participant files confirm that there is acceptable evidence of the qualifying head of household’s disability? The requirements for documenting disability are:

- a. written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;



- b. written verification from the Social Security Administration;
- c. the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
- d. intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in paragraph (c)(1), (2), (3), or (4) of this section; or
- e. other documentation approved by HUD.

**Length of Time Homeless:**

Does a review of program participant files confirm that there is acceptable evidence of the qualifying head of household's length of homelessness (12 months) as either one continuous year or 4 or more occasions of homelessness over a period of 3 years?

Using a combination of evidence, must document each occasion and break in homeless with at least one of the following:

- HMIS (or comparable database) record
- Written referral by another housing or service provider
- Written physical observation by community member of conditions where household is living
- Written physical observation by staff of conditions where the household is living or certification by staff of encounter with client prior to intake
- Last Resort (Second-Party): Written certification of staff based on professional judgement at intake and written record of reasonable efforts to obtain HMIS record and written referral
- Last Resort (First-Party): Certification of individual or head of household seeking assistance providing specific months residing in place not meant for human habitation, emergency shelter, a safe haven and written record of reasonable efforts to obtain HMIS record and written referral



16. Is there a completed (address, unit, date, signatures, determination, landlord name, etc) HQS inspection in the client file? Was the inspection completed prior to lease signing?
17. Is there a completed lead-based paint inspection form/checklist completed (year the building was built, age of occupants on the lease, etc.) and in the client file? Was the inspection completed prior to lease signing?
18. Does the client file have assessments that are completed after initial enrollment? Do the assessments demonstrate any changes in the needs of services? Does the assessment determine the need for healthcare benefits? Are the assessments signed and dated by both the client and staff member?
19. Was the ISP developed by the client and case manager? Does the ISP confirm that the goals are individualized to the client? Does the ISP have goals that are easily understood? Are there due dates for steps that will ensure the goal is accomplished?
20. Does the client file have documentation/copy of referrals to mainstream resources? Does the file have any ROIs to support such a referral? Is there a referral checklist?
21. Is there supporting evidence (such as a form or letter) in the client file that a client has been informed they are being terminated from the program with a clear reason stated?
22. Is there supporting evidence in the client file that the client was explained and provided with a due process when informed of their termination?
23. Is there documentation in the client file (such as a lease) to support the client's exit destination
24. Does the project quickly move participants into permanent housing? Does the project ensure that participants are not screened out based on the following items:
  - o Readiness for housing.
  - o Having too little or no income.
  - o Active or history of substance abuse.
  - o Having a mental health condition.
  - o Having a physical or development disability.



- o Having rental or eviction history.
  - o Being too young or too old.
  - o Having a criminal record with exceptions for stat mandated restrictions.
  - o History of domestic violence (e.g. lack of protective/restraining order, period of separation, or law enforcement involvement)
25. Confirm that client termination letters and/ or reasons marked in HMIS do not specify reasons for failure to participate in supportive services, failure to make progress on service plans, or a loss of income or inability to improve income.
56. Confirm the provider is not also providing the housing assistance for the client.