# CoC Monitoring Client File Checklist

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| --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | | | | **Date:** | |
| **Date Entered:** |  | **Date Exited:** |  | **Client HMIS #:** | |  |
| **Household:** | **Client is Head of Household**  **Client is Member of Household** | | | | | |
| **Project Name:** |  | | | | | |
| **Component Type:** | **Permanent Supportive Housing** **PH-Rapid Re-Housing** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  |
|  |  |  | **PRE-SCREENING ASSESSMENT** |
|  |  |  | Evidence of Initial Consultation |
|  |  |  | Documentation that client has been screened through Coordinated Entry |
|  |  |  | VI-SPDAT |
|  |  |  | HMIS Release of Information (ROI)/Confidentiality Info |
|  |  |  | Identification Documentation |
|  |  |  | **ELIGIBILITY DOCUMENTATION** |
|  |  |  | COC FORM 1: Homelessness Certification |
|  |  |  | COC FORM 3: Documentation of Chronic Homeless Certification |
|  |  |  | Summary of steps taken to verify client does not receive other subsidies for rent, utilities, etc. |
|  |  |  | COC FORM 4: Disability Certification |
|  |  |  | COC FORM 5: Self Certification *(if required)* |
|  |  |  | COC FORM 6: Staff Affidavit of Eligibility |
|  |  |  | **INCOME AND RENT DOCUMENTATION** |
|  |  |  | COC FORM 7: Verification Tracking of Income |
|  |  |  | COC FORM 8: Verification of Income |
|  |  |  | COC FORM 9: Calculation Worksheet or HUD Income Calculator Printout *(*[*https://www.hudexchange.info/incomecalculator/*](https://www.hudexchange.info/incomecalculator/)*)* |
|  |  |  | Income Recertification Documentation (annually) |
|  |  |  | **CASE MANAGEMENT DOCUMENTATION** |
|  |  |  | ISP, Housing Assessment and Housing Plan Completed |
|  |  |  | Documentation Case Manager has met with client monthly |
|  |  |  | Demonstration of Mainstream Service Referrals |
|  | | | Signed Client Receipt for: |
|  |  |  | * Program Rules |
|  |  |  | * Equal Access/Non-Discrimination Info |
|  |  |  | * Privacy Policy |
|  |  |  | * Termination Policy |
|  |  |  | * Grievance Policy |
|  |  |  | Record of Essential Services/ Services by Category |

# CoC Monitoring Client File Checklist, *continued*

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| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  |
|  |  |  | **LEASING OR RENTAL ASSISTANCE** |
|  |  |  | Is there an occupancy charge (tenant rent)? |
|  |  |  | Applicable Utility Allowance Documentation |
|  |  |  | Copy of Occupancy Agreement, Lease or Sublease |
|  |  |  | Housing Stability Plan |
|  |  |  | CoC FORM 10: Rent Reasonableness – Checklist Completed and Compliance with FMR and Utility Allowance |
|  |  |  | CoC FORM 11: HQS Inspection Form Completed |
|  |  |  | CoC FORM 11: HQS *Re*-Inspection—if rent assistance exceeds 12 months |
|  |  |  | CoC FORM 12: Lead Screen Worksheet Completed |
|  |  |  | **FISCAL DOCUMENTATION AND CLOSEOUT** |
|  |  |  | Documentation Supporting End of Assistance |
|  |  |  | Termination Documentation if participant has been terminated from program |
|  |  |  | Exit Interview and/or Client Satisfaction Survey |
|  |  |  | Documentation of Client Follow-Up |