



3 County Continuum of Care

CLIENT FILE CHECKLIST

CLIENT NAME:	
Program name:	
Case Manager:	
Date file started:	

Universal Application

CHECKLIST	REQUIRED FOR:	NOTES:
<input type="checkbox"/> Entered in HMIS	All	
<input type="checkbox"/> HUD Intake Form	All CoC TH & PH Programs	
<input type="checkbox"/> Homeless Verification Form	ES, TH Program	
<input type="checkbox"/> Chronic Homeless Qualification	PH programs with CH prioritization	
<input type="checkbox"/> Documentation of Disability	All CoC PSH Programs	
<input type="checkbox"/> Income Verification Form – Intake	All CoC TH and PH Programs requiring rent, lease or occupancy fee	
<input type="checkbox"/> Income Verification Form – Annual	All CoC TH and PH Programs requiring rent, lease or occupancy fee	
<input type="checkbox"/> Coordinated Assessment Tool	All	
<input type="checkbox"/> Release of information including HMIS release	All	
<input type="checkbox"/> HUD Continuum of Care Rent Calculator	All CoC TH and PH Programs requiring rent, lease or occupancy fee	
<input type="checkbox"/> FMR and Rent Reasonableness Calculations		
<input type="checkbox"/> Occupancy Agreement or Lease		
<input type="checkbox"/> Utilities clearly specified		
<input type="checkbox"/> HQS Documentation		
<input type="checkbox"/> Environmental Review Documentation		
<input type="checkbox"/> Action Plan & Case Notes to document ongoing assessment of services		
<input type="checkbox"/> Program Specific Assessments, Contracts or Policies	If Required – Especially note any Educational Requirement of Families	
<input type="checkbox"/> Housing Search Form	TH to document 24 month timeout	