

CoC PROGRAM MONITORING TOOL - PROGRAM REVIEW

Sub- Recipient: _____

Date: _____

Grant #: _____

Grant Period: _____

Project Name: _____

Project Type: _____

PARTICIPANT'S NAME: _____

CLIENT ID#: _____

PARTICIPANT ELIGIBILITY 24 CFR § 578.103 & 578.37(a)(1)(ii)(f)			YES	NO	N/A	COMMENTS & ACTION ITEMS
1	Is there a completed intake form for the client? Specify the type of (e.g., HMIS intake form, agency intake form, participant application, etc.).					
2	Is there a copy of ID (State issued ID, Driver's License, SS card, Birth Certificate for Children)?					
3	Is the program participant coming from the target populations (e.g., chronically homeless, youth, substance abuse, mentally disabled, domestic violence, veterans) identified and approved in the application?					
4	Does the program participant's intake form or assessment document that the individuals or families were homeless prior to entry?					
HOMELESS STATUS		TYPE OF DOCUMENTATION	YES	NO	N/A	COMMENTS & ACTION ITEMS
24 CFR § 576.500(c) & § 578.103						
5	Persons living on the street (and place meant for human habitation). Required for PH participants.	Written information obtained from third party regarding the participant's whereabouts, signed and dated.				
6	Persons coming from an emergency shelter for homeless persons	Written referral from the emergency shelter staff.				
7	Persons from a short- term stay in an institution who previously resided on the street or in an emergency shelter.	Written verification from the institution's staff that the participant has been residing in the institution for less than 90 days, and information on the previous living situation.				
8	Persons fleeing domestic Violence.	Written, signed, and dated verification from the participant. 578.103 (5)(i)				

9	Is the length and duration of homelessness documented to qualify a participant as chronically homeless? 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless is at least 12 months? (effective Jan. 15, 2016. Participants prior to this date do not need to meet this definition)				
10	Does the program participant file contain proof of disability of the homeless individuals or family members? (24 CFR 578.37 (a)(1)(ii))				
11	Is the disability documentation signed and dated by a person credentialed to make a diagnosis?				
SUPPORTIVE SERVICES & CASE MANAGEMENT 24 CFR §578.53, §578.103(a)(7) & (9) & §578.75(e)		YES	NO	N/A	COMMENTS & ACTION ITEMS
12	Is there an initial Individual Service Plan (ISP) developed by the participant and Case Manager that includes goals and timeline for completion?				
13	Are the supportive services being provided (type and level of service) consistent with those described in the approved application? List the supportive services provided.				
14	Is there evidence of referrals to mainstream resources? (24 CFR 578.1(b)(3))				
15	Is there evidence of referrals to Affordable Healthcare?				
16	Is transportation assistance provided to clients to attend mainstream benefit appointments, employment training, or jobs?				
17	Is there evidence of at least annual assessment of service needs to ensure mainstream benefits are received and renewed? (24 CFR 578.53(a)(2)) & 578.75(e)				
18	Does the project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? 24 CFR part § 578.23 (c)(iv)				
19	Are the project policies and practices consistent with the laws related to providing education services to individuals and families?				
20	Is there a policy in place to ensure that families with children under the age of 18 are not denied admission or separated when entering housing?				

21	Is the number of participants currently being served consistent with the service number in the approved application? The sub-recipient must serve at least as many program participants as shown in its				
22	Are beds fully occupied? If no, what is the bed utilization rate? If not at capacity, what actions are being taken to improve this outcome?				
INCOME DOCUMENTATION & RENT CALCULATION 24 CFR § 578.103 (a)(6)		YES	NO	N/A	COMMENTS & ACTION ITEMS
23	Is there a completed verification on all sources of income? (24 CFR 578.75 (c)(3))				
24	Is the rent charged accurately calculated, including deductions and utility allowances, if applicable? (24 CFR 578.77(b)(4))				
25	Does the agency charge fees other than the rent or occupancy charges? (24 CFR 578.77(b))				
26	Will your project participants increase or maintain their total income (by at least 54%) or earned income (by at least 20%) during the grant period? If not, what actions are being taken to improve this outcome?				
27	Will at least 56% of your project participants have access to mainstream resources during the grant period? If not, what actions are being taken to improve this outcome?				
28	Will at least 80% of your project participants maintain housing stability at the end of the grant period? If not, what actions are being taken to improve this outcome?				
DOCUMENTATION OF TERMINATION 24 CFR § 578.91 (a)(b)(c)		YES	NO	N/A	COMMENTS & ACTION ITEMS
29	Has the participant been terminated from the program? Describe the reason for termination				
30	Was due process applied on the participant's termination?				
31	If the participant left the program, is there evidence of his/her request and destination?				
32	Did the participant go to permanent housing at exit?				
33	Does the agency conduct exit survey or interview with clients? If not, describe how client feedback is obtained.				
HOUSING QUALITY STANDARDS 24 CFR § 578.103 (a)(8) & § 578.73		YES	NO	N/A	COMMENTS & ACTION ITEMS

34	Is there a completed HQS Move-in Inspection?				
35	Is there a completed HQS annual Inspection?				
36	If a lead based inspection was required, was it completed? (Required: Households with anyone pregnant or 6 years of age or under)				
37	Do program participants have a lease or occupancy agreement? (24 CFR 578.51(L)(2))				
RAPID REHOUSING ONLY 24 CFR § 578.103 (a)		YES	NO	N/A	COMMENTS & ACTION ITEMS
38	How long is the rental assistance provided for? (24 CFR 578.37 (a)(1)(ii)(A-C))				
39	Is there a lease agreement under the participant's name with a term of at least 12 months?				
40	Did the project conduct a re-assessment, at least once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance?				
41	Is there an updated individual service plan that document the re-assessment? (24 CFR 578.53(b)(4))				
TRANSITIONAL HOUSING ONLY 24 CFR § 578.79		YES	NO	N/A	COMMENTS & ACTION ITEMS
42	Do program participants have a lease or occupancy agreement for a term of at least one month that is automatically renewable upon expiration and may not exceed 24 months? (24 CFR 578.51(L)(2))				
43	Do the entry-exit dates shown in the participant files indicate that the participants exceed the 24-month limitation of stay?				
44	If the participant's stay is longer than 24 months, is there documentation on the need for extended program participation? (24 CFR 578.79)				