



466 West Main Street, Rochester, New York 14608
 Phone: (585) 319-5091, Fax:(585) 319-5488

Agency Name:	
Program Name:	
Grant Identification #	NY
Operating Year:	2016
Number of HUD Slots:	
Percentage of Slots used:	
Number of Clients Served (this program year)	
APR 2016:	<input type="checkbox"/> Yes NO <input type="checkbox"/>
Program Type:	Emergency Shelter <input type="checkbox"/> Outreach <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Support Services Only <input type="checkbox"/> HMIS <input type="checkbox"/>
Grant Amount (Please include any amendments from HUD)	Acquisition/Rehab/Construction _____ Rental Assistance _____ Leasing _____ Support Services _____ HMIS _____ Administration _____ Operations _____ Total _____
Agency Representative(s) at review	
Review Date:	
Monitoring team at review:	

Assessment	Y	N	N/A	Action Needed
	1	0	1	
HMIS Privacy/Security:				
1. HMIS Participation Consumer Notice is posted in a conspicuous location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Agency have a client privacy policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If yes, are all employees trained to follow policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Agency have policies/procedures that address:				
a. Use of client data generated from the HMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Client information storage and disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Remote access and use of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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HMIS				
d. Use of portable storage tools (thumb drives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hard Copy Data Security, Spot check demonstrates:				
a. Client files are locked in a drawer or file cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Offices are locked when not occupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Client files are not visible on desks, counters, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Agency uses a Privacy Script to standardize the explanation of agency/HMIS privacy rules to clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Client Consent and Release of Information (ROI)				
a. The Client Consent and Release of Information correctly addresses the agency's level of sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Agency collects Client Consent and Release of Information for all program participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Client Consent and Release of Information conforms with the sample HMIS form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. If data sharing takes place: client consent for the sharing of confidential information is collected from applicable clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. From a random sample of ROI's: paper releases are consistent with the electronic releases in HMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Agency has a procedure/policy to assist clients who are hearing impaired or do not speak English as a primary language. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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HMIS Work Stations Security				
1. Has anti-Virus and anti-spy protection software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Most recent Windows updates has been downloaded Date of last update:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have firewall to protect internal network servers and local user computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. In secured location (locked offices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Using lock screen savers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Password protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:				
HMIS Data Intake and Exit				
1. If using paper: the intake data collection forms correctly align with the newest intake form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. 100% of clients are entered into the system within 72 business hours of intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Agency is actively monitoring program participation and exiting clients. Clients are exited in HMIS within 30 days of last contact (unless program guidelines specify otherwise.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the project signed the open data sharing agreement with HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Agency has a process to ensure First and Last Names are spelled properly and the DOB is accurate. Describe process: (is it documented and all staff are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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informed?) _____ _____				
6. There is congruity between the case record responses, based on the applicable homeless definition. (Is Client Homeless, Housing Status and Prior Living Situation are being properly completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Disability, Income and non-cash benefits are updated at least annually and at exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Agency has an organized exit process that includes:				
a. Proper procedure to communicate discharge destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Evidence exists that discharge destination data is properly being entered into the HMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participant Information/ Documentation				
1. Homeless documentation is in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If serving chronically homeless: documentation of chronic homelessness is in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. For PSH programs; is documentation of disability signed by an appropriate credentialed person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Zero barriers to entry beyond federal mandatory safety regulations? If No: what are they?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. _____				
b. _____				
c. _____				
5. Household composition is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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6. Ongoing assessment/case notes are in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Service/goal/housing plan is in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does another individual review the data or maintain other records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Name types of records maintained and who is responsible for maintaining them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Program uses coordinated access to obtain and place clients? (attend meetings and use VI-SPDAT tool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does a member of the organization attend the CoC Stakeholder's (HSN) meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
This a Transitional Housing Program only.				
a. Less than 20% of clients exit to Emergences housing in program year 2016?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the total program average length of stay in TH housing less than 549 days? (FY16)? (TH only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Policies/procedures are in place to ensure turnover beds are prioritized for chronically homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a Plan/policy that will ensure more that 90% of participants exit to Permanent Housing or remain in Permanent housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have policies in place that support client-centered practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the program representative attend monitoring training ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There is a written process that is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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followed for all clients to confirm Homelessness?				
a. There a written process that is followed for all clients to confirm disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is this project Housing First? Zero barriers to entry beyond federal mandatory safety regulations Client-centered practices such that goals are driven by client and voluntary Highest-need-clients prioritized Focus on moving people to permanent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance Outcomes				
Transitional Housing				
1. 80% or more of participants exit to permanent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Less than 20% exit with no source of income or non-cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. 20% or more participants increase cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 54% or more participants increase cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. 20% or more participants exit with employment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. 20% or more participants have gained or retained employment income in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. 64% or more participants have obtained non-cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rapid Re-Housing				
1. 80% of participants enrolled will secure permanent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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2. 80% will remain housed after 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. 20% or more participants exit with increased employment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 54% or more participants increased cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. 64% or more participants have obtained non-cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the total program average length of stay in RRH between 183 to 366 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. 20% or more participants have gain employment in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 20% or more participants have retained employment income in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do program work with family/youth/Unaccompanied youth under age of 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Supportive Housing				
1. 92% or more participants remained in or exited to permanent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. 0% 2. 0% 3. 0% 4. 0% 5. 0% 6. 0% 7. 0% 8. days 9. 0%
2. Less than 10% exit with no source of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Less than 10% exit without non-cash resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 54% or more participants increased cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. 20% or more participants have gain employment in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. 20% or more participants have retained employment income in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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7. 64% or more participants have obtained non-cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Identify average length of stay in program for program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the total program average length of stay in permanent housing more than 366 days? (FY16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support Services Only Programs				
1. 80% or more of participants exit to permanent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Less than 20% exit with no source of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Less than 20% exit without non-cash resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 54% or more participants increase cash income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. 20% or more participants increase employment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. 64% or more participants will obtain non-cash benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Average length of stay in program for program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 20% or more participants have gain employment in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. 20% or more participants have retained employment income in program year 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Documentation				
Fiscal Management/Policies In Place?				



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a. Grantee has written procedures covering the recording of transactions, an accounting manual and a chart of accounts? (If yes, Attach a copy to this Exhibit, if feasible.) [24 CFR 576.57(b); 24 CFR 85.20]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If the grantee has a written policy manual: does it provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations? [24 CFR 576.57(b); 24 CFR 85.20]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Grantee has written procedures regarding the maintenance of accounting records for the required number of years? [24 CFR 576.57(b); 24 CFR 85.20]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Grantee's fiscal records and valuables are secured in a limited-access area? [24 CFR 576.57(b); 24 CFR 85.20]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Evidence that staff duties are separated so no one individual has complete authority over an entire financial transaction? [24 CFR 576.57(b); 24 CFR 85.20]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Grantee has written policies for procurement. (If the Agency has written policies, obtain copy for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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the files; otherwise, describe the Agency's policy.)				
g. Has the grantee developed standards for avoiding conflict of interest in carrying out activities funded by federal grants dollars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Employees are required to sign a statement indicating that they have read the policy and will comply? (If yes, obtain copy for the files, otherwise, describe the Agency's policy.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Audited Financial Statements				
a. A copy of most recent audited financial statement has been reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Did the agency expend more than \$500,000 in federal grant funds? If yes, a Single Audit report is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If applicable, has the Single Audit report been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Requirements				
1. Documentation that a homeless/formerly homeless persons on Board of Directors or involved in other policy making group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Participants are not charged program fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Program has a formal procedure in place for terminating assistance to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If clients have been terminated,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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does a review of these client files show that minimum due process requirements were followed for termination?				
5. Is this a religious or faith-based organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Participants are not required to participate in inherently religious activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Participants cannot be denied benefits/services based on their religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programs That Serve Households with Children				
a. A staff person is designated as educational liaison to will ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The age and gender of a child under age 18 is not used as a basis to for denying any family's admission to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Sufficient outreach procedures in place to ensure that information about the program is able to reach persons of any race, color, religion, sex, age, national origin, familial status or handicap who may qualify for admission to the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Evidence supports the recipient's adoption and implementation of procedures to make available information on the existence and locations of facilities and services that are accessible to persons with a handicap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The recipient has written policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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to comply with non-discrimination, Equal Opportunity & Fair Housing regulations in the provision of services?				

HMIS Score: A-5 points _____ B- 3 points _____ C – 1 point _____ F – 0 Points _____

Did the program attend the training? Yes 4 Points _____ No 0- points _____

Number of Operating years for grant _____

E-Locks 2014 _____ 2015 _____ 2016 _____

Percent Returned 2014 _____ 2015 _____ 2016 _____

Total draw down returned combined past 3 years _____

Does this program have a partner or affiliate? Yes ___ No ___

If yes, when was the last time the Administrator/recipient monitored them? _____ (i.e. Formal meeting or Policy in place)

Notes/Comments:

Preliminary Discussions with Management Held On: _____

Topics discussed:

Report Sent to Agency on: _____

Agency Response Received: _____

Findings Cleared: _____

Points for program _____ (84 available program points)