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|  | 560 West Main Street, Rochester, New York 14608Phone: (585)319-5091, Fax: (585)319-5488 |
| Review Information | | |

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| **Agency Name:** |  |
| **Program Name:** |  |
| **Grant Identification #** | NY |
| **Operating Year:** | 2019 **(APR ending in 2019-20)** |
| **Number of HUD Slots:** |  |
| **Program Type:** | Transitional Housing/ Rapid Re-Housing  Rapid Re-Housing  Permanent Supportive Housing  Permanent Supportive Housing (CH)  Transitional Housing |
| **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:** |  |

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| Assessment Y N N/A Action Needed | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **HMIS Privacy/Security:** Notes | | | | | | 1. HMIS Participation Consumer Notice is posted in a conspicuous location.   ( -1 Point) |  |  |  | | 1. Has the Program been to a new or refresher HMIS training in the past year?   (2 points) |  |  |  | | | | | |
| **CoC Policy Binder** Notes | | | | | |
| Agency policy for client privacy in HMIS  (-1 Point) |  |  |  |  | |
| Agency has a procedure/policy to assist clients who are hearing impaired or do not speak English as a primary language. (-1 Point) |  |  |  |
| Agency procedure that has an organized exit process that includes: Proper procedure to communicate discharge destination in file.  (-1 point) |  |  |  |
| Agency has a process to ensure first and last names are spelled properly, and the DOB is accurate. Describe process: (is it documented and are all staff informed?) (-1 Point) |  |  |  |
| If Yes, are all employees trained to follow policy? (-1 point) |  |  |  |
| Policies/procedures Use of client data generated from HMIS (-1 Point) |  |  |  |
| Policies/procedures Client information storage and disposal. (-1 Point) |  |  |  |
| Client Consent and Release of Information (ROI) |  |  |  |
| Is the agency using the current (8/5/19) HMIS ROI? (-1 point) |  |  |  |
| Is the agency using the current (8/5/19) HMIS ROI addendum? (- 1 point) |  |  |  |
| Policy in place for Housing First? Zero Barriers to entry beyond federal mandatory safety regulations.  (-3 points) (of the projects who are eligible for Housing First) |  |  |  |
| There is a written process that is followed for all clients to confirm homelessness? (-3 points) |  |  |  |
| There is a written process that is followed for all clients to confirm disability? (- 3 points) |  |  |  |
| Policy that states: Homeless/formerly homeless person on Board of Directors or involved in other policy making group. (-1 Point |  |  |  |
| Program has a formal procedure in place for terminating assistance to participants. (-1 Point) |  |  |  |
| Policy: Participants are not required to participate in inherently religious activities? (-1 Point) |  |  |  |
| Policy that states: Participants cannot be denied benefits/services based on their religion? (-1 Point) |  |  |  |
| Policy/Procedure that identify 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 (-1 Point) |  |  |  |
| Policy that states 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 (-1 Point) |  |  |  |
| 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?  (-1 Point) |  |  |  |
| 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? (-1 Point) |  |  |  |
| The recipient has written policies to comply with non-discrimination, Equal Opportunity & Fair Housing regulations in the provision of services? (-1 Point) |  |  |  |
| Procedure of file review, action plan and timeline for correcting file deficiencies (-1 point). |  |  |  |
| **Possible points (+2 -29) Section Point totals\_\_\_\_\_\_\_** | | | |

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| Assessment Y N N/A Action Needed |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **HMIS Data Intake and Exit** | | | | | | 1. If using the paper HMIS intake data collection forms correctly align with the newest intake form. (-1 Point) |  |  |  |  | | 1. Agency is actively monitoring program participation entries of clients. 80% entries are completed in HMIS within 72 hours. (-5 Points) |  |  |  | | 1. There is congruity between the case record responses, based on the applicable homeless definition. (Is client homeless? Has housing status and prior living situation been properly completed?) (-1 Point) |  |  |  | | 1. Income, non-cash benefits and insurance are updated at least annually and at exit. (-3 Points) |  |  |  | | 1. 90% of discharge destination data is properly being entered into HMIS on exit screen note section. (2 point) |  |  |  | | 1. HMIS active client list matches the project’s active client list 100% (within 72 hours before the site visit) (2 points) |  |  |  |  | | APR 6a to 6d (1 pt for each 0%) 20b & 21 (1 pt for each if client doesn’t know & data not collected = 0)  6a DQ Personally Identifiable Information  (6 pts) |  |  |  | |  |  |  | | 1. Name |  |  |  | | 1. Social Security Number |  |  |  | | 1. Date of Birth |  |  |  | | 1. Race |  |  |  | | 1. Ethnicity |  |  |  | | 1. Gender |  |  |  | | 6b DQ Universal Data Elements (5 pts) |  |  |  | | 1. Veteran Status |  |  |  | | 1. Project Start Date |  |  |  | | 1. Relationship to Head of Household |  |  |  | | 1. Client Location |  |  |  | | 1. Disabling Condition |  |  |  | | 6c DQ Income & Housing Data Quality (4 pts) |  |  |  | | 1. Destination |  |  |  | | 1. Income & Sources at Start |  |  |  | | 1. Income & Sources at Annual Assessment |  |  |  | | 1. Income & Sources at Exit |  |  |  | | 1. 6d DQ Chronic Homelessness (3 points) |  |  |  | | 20b & 21 non-cash income & health insurance (4 pts) |  |  |  | | 1. Non-Cash client doesn’t know = 0 |  |  |  | | 1. Non-Cash data not collected = 0 |  |  |  | | 1. Insurance client doesn’t know = 0 |  |  |  | | 1. Insurance data not collected = 0 |  |  |  | | **Possible points (+23 -10) Section Points totals\_\_\_\_\_\_\_** | | | | |

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| |  | | --- | | Assessment Y N N/A Action Needed | | | | | | | | | | |
| **Information / Documentation** | | | | | | | | | |
| 1. 95% or more utilization rate of in project? (3 points) | |  | |  | |  | |  | |
| 1. < 5% or improved by 20% by prior year or more for returns to homeless in 2 years? (3 points) | |  | |  | |  | |
| 1. Making a visual inspection of 3 selected housing are the habitability standards being met? (1 points) | |  | |  | |  | |
| 1. APR submitted in SAGE within 90 days of project ending? (1 points) | |  | |  | |  | |
| 1. Prior year/ Current year APR is accepted by HUD with first submission? (1 points) | |  | |  | |  | |
| 1. 100% of clients have been enter into the program via the prioritization list? (FY19) (2 points) | |  | |  | |  | |
| 1. 70% of clients referred from prioritization list to project have entry dates? (2 points) | |  | |  | |  | |
| 1. Average number of days to program entry to housed date (70% of clients are housed)   A.PSH within 45 days  B. RRH within 30 days (2 points) | |  | |  | |  | |
| 1. Projects working with families is there a lead-based paint certificate on file? (-1 point) | |  | |  | |  | |
| 1. Less than 10% of clients referred from prioritization list to project have rejected this project? (1 points) | |  | |  | |  | |  | |
| 1. Less than 10% of this project’s referrals from prioritization list have rejected the client? (1 points) | |  | |  | |  | |  | |
| **Possible points (+17 -1) Section Point totals\_\_\_\_\_\_\_** | | | | | | | |
| Project Outcomes | | | | | | | | | |
| Permanent Supportive Housing/ Support Services Only ProgramY N N/A Action Needed | | | | | | | | | |
| 1. 95% or more of participants exit to or remains in permanent housing? (5 points) | |  | |  | |  | | (1)  (2)  (3)  (4)  (5)  (6)  (7) | |
| 1. 20% or more participants have employment income in program year? (5 points) | |  | |  | |  | |
| 1. Less than 20% with no income? (5 points) | |  | |  | |  | |
| 1. 65% or more participants have any source of income? (5 points) | |  | |  | |  | |
| 1. 20% or more participants increase cash income? (5 points) | |  | |  | |  | |
| 1. 80% or more participants have obtained non-cash benefits? (5 points) (i.e. Health Ins) | |  | |  | |  | |
| 1. Less than 10% of exits (clients) from program occur within 365 day of program entry? (5 points) | |  | |  | |  | |
| Rapid Re-Houisng | | | | | | | | | |
| 1. 95% or more of participants exit to or remains in permanent housing? (5 points) | |  | |  | |  | | (1)  (2)  (3)  (4)  (5)  (6)  (7) | |
| 1. 20% or more participants increase cash income? (5 points) | |  | |  | |  | |
| 1. Less than 20% with no income? (5 points)   (APR Q18 Adults with no income) | |  | |  | |  | |
| 1. 65% or more participants have any source of income? (5 points) | |  | |  | |  | |
| 1. 20% or more participants have employment income in program year? (5 points) | |  | |  | |  | |
| 1. 80% or more participants have obtained non-cash benefits? (5 points) (i.e. Health Ins) | |  | |  | |  | |
| 1. More than 90% of exits (clients) from program occur after 195 day of program entry? (5 points) | |  | |  | |  | |
| Transitional Housing/ Rapid Re-Houisng | | | | | | | | | |
| 1. 95% or more of participants exit to or remains in permanent housing? (5 points) | |  | |  | |  | | (1)  (2)  (3)  (4)  (5)  (6)  (7) | |
| 1. 20% or more participants increase cash income? (5 points) | |  | |  | |  | |
| 1. Less than 20% with no income? (5 points) | |  | |  | |  | |
| 1. 65% or more participants have any source of income? (5 points) | |  | |  | |  | |
| 1. 20% or more participants have employment income in program year? (5 points) | |  | |  | |  | |
| 1. 80% or more participants have obtained non-cash benefits? (5 points) (i.e. Health Ins) | |  | |  | |  | |
| 1. More than 90% of exits (clients) from program occur after 195 day of program entry? (5 points) | |  | |  | |  | |
| Transitional Housing | | | | | | | | | |
| 1. 95% or more of participants exit to or remains in permanent housing? (5 points) | |  | |  | |  | | (1)  (2)  (3)  (4)  (5)  (6)  (7) | |
| 1. 20% or more participants increase cash income? (5 points) | |  | |  | |  | |
| 1. Less than 20% with no income? (5 points) | |  | |  | |  | |
| 1. 65% or more participants have any source of income? (5 points) | |  | |  | |  | |
| 1. 20% or more participants have employment income in program year? (5 points) | |  | |  | |  | |
| 1. 80% or more participants have obtained non-cash benefits? (5 points) (i.e. Health Ins) | |  | |  | |  | |
| 1. More than 90% of exits (clients) from program occur within 110 days of program entry? (5 points) | |  | |  | |  | |
| Possible points (+28) Section Point totals\_\_\_\_\_\_\_ | | | | | | | |

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| **File Review section**  **(total of 10 points)** | |
| **Issues within HMIS Client HMIS Number (if checked not in HMIS)** | | **Entry date** | | **Housed date** | | | **Annual Assessment** | | | | **Income** | **Disability Documentation (PSH only)** | | | | **Non-Cash Benefits** | | | **Exit Date** | | | **Health Insurance** | |
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| Notes: | | | | | | | | | | | | | | | | | | | | | | | |
| **File Review section continued (total of 10 points)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Client folder Check 10% of case load HMIS Number** | **Homeless Doc** | | **Disability Doc (PSH only)** | | **Client’s Name matches lease** | | | **Household composition** | | | | **Annual Assessment** | | **Tenant Rent Calculation** | | | | **Lease and Inspection** | **Doc of Income** | | **Goals/ Service plan** | | **Case notes** |
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| Notes about files: | | | | | | | | | | | | | | | | | | | | | | | |
| If clients have been terminated, does a review of these client files show that minimum due process requirements were followed for termination? (-1 Point) | | | | | | | | |  | | | | | |  | | | | |  | | | |
| Possible points (+20 -1) Section Point totals\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Assessment Y N N/A Action Needed | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Documentation** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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.) (-1 Point) | | | | | |  | | | |  | | |  | | | |  | | | | | | |
| 1. If the grantee has written policy Manual: does it provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations? (-1 Point)   [24 CFR 576.57 (b); 24 CFR 85.20] | | | | | |  | | | |  | | |  | | | |
| 1. Grantee has written procedures regarding the maintenance of accounting records for the required number of years? (-1 Point)   [24 CFR 576.57(b); 24 CFR 85.20] | | | | | |  | | | |  | | |  | | | |
| 1. Grantee’s fiscal records and valuables are secured in a limited-access area?   (-1 Point)  [24 CFR 576.57(b); 24 CFR 85.20] | | | | | |  | | | |  | | |  | | | |
| 1. Evidence that staff duties are separated so no one individual has complete authority over an entire financial transaction? (-1 Point)   [24 CFR 576.57(b); 24 CFR 85.20] | | | | | |  | | | |  | | |  | | | |
| 1. Grantee has written policies for procurement. (If the Agency has written policies, obtain copy for the files; otherwise, describe the Agency’s policy (-1 Point ). | | | | | |  | | | |  | | |  | | | |
| 1. Has the grantee developed standards for avoiding conflict of interest in carrying out activities funded by federal grants dollars? (-1 Point) | | | | | |  | | | |  | | |  | | | |
| 1. 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.) (-1 Point) | | | | | |  | | | |  | | |  | | | |
| 1. A copy of most recent audited financial statement has been reviewed.   (-1 Point) | | | | | |  | | | |  | | |  | | | |  | | | | | | |
| Possible points (-9) Section Point totals\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |

**Did the program attend the training? Yes 0 Points\_\_\_\_\_ No -1 points \_\_\_\_\_**

**Was the Project prepared for site visit? Yes 3 - Points\_\_\_\_\_ No 0- points \_\_\_\_\_**

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| **Section Point totals** | | | | | |
| **Section** | Possible Positive Points | Possible Negative Points | Project Positive Points | Project Negative Points | Section Total |
| **HMIS Privacy/Security & CoC Policy Binder** | 2 | 29 |  |  |  |
| **HMIS Data Intake and Exit** | 23 | 10 |  |  |  |
| **Information/Documentation** | 17 | 1 |  |  |  |
| **Project Outcomes** | 35 | 0 |  |  |  |
| **File Review Section** | 20 | 1 |  |  |  |
| **Financial Documentation** | 0 | 9 |  |  |  |
| **Other Scores** | 3 | 1 |  |  |  |
| **Project Totals** | 100 | 51 |  |  |  |

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| **Future Monitoring requirement** | | | | | | |
| **Number of completed new project participants housing assessments since 4/1/2020** |  | | | | |  |
| **Number of completed annual project participants housing assessments since 4/1/2020** |  | | | | |
| **Total number of housing assessments completed since 4/1/2020** |  | | | | |
| **Percentage of housing assessment completed since 4/1/2020 (number of completed assessments divided by number of clients)** |  | | | | |
| **One of more staff SOAR Trained?** | Y | N | | | # of Staff |
|  |  | | |  |
| **Number of SOAR applications in process?** |  | | | | |
| **Number of SOAR application completed?** |  | | | | |
| **Percentage of SOAR eligible participants identified in Supportive housing assessments compared to number of in process SOAR applications?** |  | | | | |
| **SOAR approval at 66% rate in 90 days** | Y | | N | Avg # of Days | |
|  | |  |  | |

**Notes/Comments:**

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\*When calculating the percentage of slots uses, we divide the number of households served by the total number of HUD slots. This provides a measure of the total number of households served by a program across the program year. When calculating the Utilization rate, we first calculate the mean of the four PIT household numbers in the APR. We then divide this number by the total HUD slots to get a percentage. This provides a measure of how many HUD slots are being utilized on the average night for that program. These numbers may appear significantly different for some programs, particularly if they have higher rates of turnover. Programs with high turnover would have a high percentage of slots used but may have low utilization rates if they are not at capacity on the dates the PIT measures.

\*\* Files will be pulled for either 3 clients or 10% of a program’s clients, whichever number is greater. These files will be randomly selected prior to the monitoring visit. Programs will be informed of which files to have prepared 24 hours prior to the visit. Where applicable, files will be compared to HMIS data. If files and HMIS data do not match, programs will not receive points for that item. Points will be awarded such that the percent of items which match HMIS or pass inspection is the percentage of the ten points the program receives.

Project Outcomes calculations:

1. APR 5a Number of Stayers plus 23c Exit Destination Permanent Destinations total. This total is divided by the ARP 5a1 total number of Person Served.

2. APR Q19a3/19a1 Number of Adults with earned Income (Q19a1 is only used if project does not have Q19a3)

3. APR Q19a3/19a1 Did not have the income category at start or Annual Assessment/exit divvied by the number of Head of Households. (Q19a1 is only used if project does not have Q19a3)

4. APR Q19a3/19a1 Number of Adults with Any Income (Q19a1 is only used if project does not have Q19a3)

5. APR Q19a3/19a1 Average Change in earned income (Q19a1 is only used if project does not have Q19a3)

6. ARP 20b 1+Source(s) divvied by total number of Persons Served (5a 1.) APR 21 1 source of Health Insurance plus More than 1 Source of Health Insurance total number of Persons Served (5a 1.) The larger of the 2 outcomes will be the number used.

7. APR 22a1 Total number of leavers at designated time frame divvied by the total number of total number of Persons Served (5a 1.)

Anne’s Check  Charles’s Check  Heidi’s Check