Partners Ending Homelessness Local Monitoring Training

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What we will talk about today

- Documentation
- Preparing for Monitoring
- Changes to the site visit Monitoring Tool
- Schedule and responsibilities

CRITERIA FOR DEFINING HOMELESS			
	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

RECORDKEEPING REQUIREMENTS			

	Category 1	Literally Homeless	• Written observation by the outreach worker; or
			• Written referral by another housing or service provider; or
			• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
			
			• For individuals exiting an institution—one of the forms of evidence above and:
			  ○ discharge paperwork or written/oral referral, or
			  ○ written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

	Category 2	Imminent Risk of Homelessness	• A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or • A documented and verified oral statement; and • Certification that no subsequent residence has been identified; and • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and • Certification of no PH in last 60 days; and • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and • Documentation of special needs or 2 or more barriers

	Category 4	Fleeing/ Attempting to Flee DV	• *For victim service providers*:
			  ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
			• *For non-victim service providers:*
			  ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
			  ○ Certification by the individual or head of household that no subsequent residence has been identified; and
			  ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Defining a Disability

- Physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such nature that such ability could be improved by more suitable housing conditions. Developmental Disability and HIV/AIDS have their own additional defining points

https://www.hudexchange.info/resource/1953/determining-homeless-and-at-risk-status-income-and-disability-webinar/

Documenting a Disability

- Client file must contain:
- Written verification by a professional who is licensed to diagnose and treat disability. Must include certification that the disabling condition is expected to be long continuing/of indefinite duration, and substantially impedes the individual's ability to live independently; or
- Written verification from Social Security Administration or receipt of a disability check (SSDI/S, VA); or
- Initial observation by intake staff with confirmation by professional no later than 45 days after client is accepted
- If client entered during a waiver period, the file must contain the waiver from HUD.

	Title	DIAGNOSE ADDICTIONS	DIAGNOSE MENTAL HEALTH DISABILITY
Psy.D	Psychiatrist/Psychologist	yes	yes
MD	Medical Doctor	yes	yes
NP	Nurse Practioner	yes	yes
PA	Physician Assistant	yes	yes
PNP	Psychiatric Nurse Practitioner	yes	yes
PMHN	Psychiatric Mental Health Nurse	yes	yes
APRN	Advance Practice Registered Nurse	yes	yes
RN	Registered Nurse (assignments are directed by MD, etc.)	no	no
LPN	Licensed Practical Nurse (operates under direction of RN, MD, etc.)	no	no
LCSW	Licensed Clinical Social Worker	yes	yes
LMSW	Licensed Master Social Worker (Yes, under supervision of LCSW, MD)	no/yes	no/yes
LMHC	Licensed Mental Health Counselor	yes	yes
BSW	Bachelors Social Worker	no/yes	no
CRC	Certified Rehabilitation Counselor	yes	yes
CASAC	Credentialed Alcohol & Substance Abuse Counselor	yes	no
CATC	Certified Addictions Treatment Counselor	yes	no

Disability Verification Form

To:_____ RE:_____

_____SS#:_____is a HUD (Housing and Urban Development) funded program and therefore requires that each applicant meet established criteria for being disabled. U.S. Departments of Housing and Urban Development (HUD) regulations establish criteria which must be met for an applicant to be determined (based on disabled or handicapped status) eligible.

- ☐ Has a disability, as defined in Section 223 of the Social Security Act [42 USC 423] defines disability as (Written verification from the social Security Administration) (1):
  1. "Inability to engage in any substantial, gainful activity by reason of any medical determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." or
  2. "In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."
  3. Receipt of disability check (Social Security disability Insurance check or Veterans Disability Compensation)

_____OR_____

Is determined, according to HUD regulations, to have a

- ☐ Substance Use Disorder
- ☐ Chronic Health Condition
- ☐ Mental Health Disorder
- ☐ Physical Disability

- ☐ *If yes to any of the checked above, will the Disorder/Condition/Disability be expected to be of long, continued, and indefinite duration and substantially impair the ability to live independently?*
- ☐ HIV/AIDS

_____OR_____

- ☐ Has a developmental disability as defined in 42 U.S.C. 6001. Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 600 .(7)] defines developmental disability in functional terms as: "Severe chronic disability that:
  - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - Is manifested before the person attains age 22;
  - Is likely to continue indefinitely;
  - Results in substantial functional limitation in three or more of the following areas of major life activity (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and
  - Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

1. FN – 582.301 "recordkeeping" of the Final Rule on Homelessness (C) Disability (3)
2. FN – 582.301 "recordkeeping" of the Final Rule on Homelessness (C) Disability (1)
3. FN – 582.301 "recordkeeping" of the Final Rule on Homelessness (C) Disability (2)
4. FN – 582.301 "recordkeeping" of the Final Rule on Homelessness (C) Disability (4)

- ☐ Intake staff-recorded observation for a disability No later than 45 days after the application for assistance is confirmed and accompanied by evidence. (4)
  - ☐ Intake date _____
- ☐ Other: _____

HUD's definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndromes.

- ☐ I certify that the above information is correct to the best of my knowledge and belief, and I am licensed to treat the above diagnosis.

_____ _____
(Print Name) (Date)

_____ _____
(Signature) (Title of physician or other licensed health professional)

_____
License Number

_____ _____
_____
(Address) (Phone Number)

Documentation

Upon intake

Homeless Verification

Household Composition

After the client has been housed (or sooner)

Photo ID-Head of Household only

Copy of Social Security Card for each household member

Birth Certificate for each household member

Lease Information-name on lease matches Head of Household

Disability Verification (if entered during the HUD waiver period, must have a waiver in folder)

Case Manager requirements

- PSH—Per HUD regulations, the CM must provide case management; there is no requirement on the regularity of the service. The community standard is that contact with the client should be at least once a month or more, based on the client's necessity for supportive services.

- RRH—In strict adherence to HUD regulations, the case manager is required to meet with the client at least once per month as long as the client is enrolled in the RRH project. This commitment to regulatory compliance ensures the security and effectiveness of our RRH projects.

PREPARING FOR MONITORING.

As key participants in the CoC program, it's crucial that the recipients and sub-recipients are well-versed in the program's requirements, especially if any areas of improvement have been highlighted in previous monitoring reports.

The Monitoring team will review the following before the site visit:

- APR in SAGE for projects ending in 2025
  - ***<u>This data comes from the PARTICIPANTS DATA THAT CASE MANAGERS IN YOUR PROJECT PUT INTO HMIS!</u>***

PREPARING FOR MONITORING Continued:

- The following materials for reviewers will be required **a week before the site visit:**
- Current to date active rent roll or program roster
- List of clients who entered from Coordinated Entry
- List of clients who exited the program within the program year-ending in 2025
- List of active HMIS users for your program
- The following only needs to be sent or given to the team once (can be given before or during the site visit):
  - A copy of the program's policies that cover requested policies and procedures referenced in the monitoring checklist.
  - A written copy of finance policies and procedures, as well as a copy of a recent audit statement

PREPARING FOR MONITORING.

The following will be reviewed at the time of the site visit:

The file review process is a crucial part of our operations. We will review at least three total, or 10% of the caseload files, from the start of the program to the date of monitoring.

If items on the next slide are not successfully given to the monitoring team during the first site visit, it will result in a "No" for the monitoring question, "Was the Project prepared for the site visit?" This includes the clients' files requested and timely SAGE Apr Submission.

FILE SELECTION AND SAMPLING

PEH Staff will email the project 24 hours before the site visit with a list of files we would like to review. Please ensure these files are ready for review during the site visit. (File selection will be made using a random selection)
Reviewers will consider the following factors when determining the specific files that will comprise the review sample:

A. 10% of files, or a minimum of 3, are chosen randomly from participants enrolled or exited during the project year. If there are not enough eligible files from participants enrolled at least three months before the end of the project year, additional files will be requested from participants enrolled before the project year under review. To ensure random selection, each qualifying file is assigned a unique number (from 1 up to the total number of files). These numbers are then input into a random number picker app. The numbers selected by the app determine which files are chosen-the files corresponding to those selected numbers are the final selections. Files found deficient in the previous monitor are requested again the next year, unless exited prior to the previous year's monitor date.

FILE SELECTION AND SAMPLING Continued

B. The reviewers will consider adding more files to this selection to include a file or files from each staff person working in the respective program area being monitored. *Expand the sample, if necessary, to include additional files with the same characteristics if indicated by the severity or nature of any problem(s) noted during the initial selection's review such as the same problem category, the same staff person, the same activities, or other characteristics. This expanded sampling aids in determining whether issues are isolated events or represent a systemic concern*.

C. Reviewers will also review subrecipient files.

Monitoring Form online

The link will be sent to you when it is completed

Partners Ending Homelessness

Agency Name:	
Program Name:	
Grant Identification #	
Operating Year:	
The number of HUD Units:	
The number of HUD Beds:	
Program Type:	
Grant Amount Total:	$0.00
Leasing	$0.00
Rental Assistance	$0.00
Operations	$0.00
Support Services	$0.00
HMIS	$0.00
Administration	$0.00
Agency Representative(s) at review	
Review Date:	
Monitoring team at review:	
Total Score	0

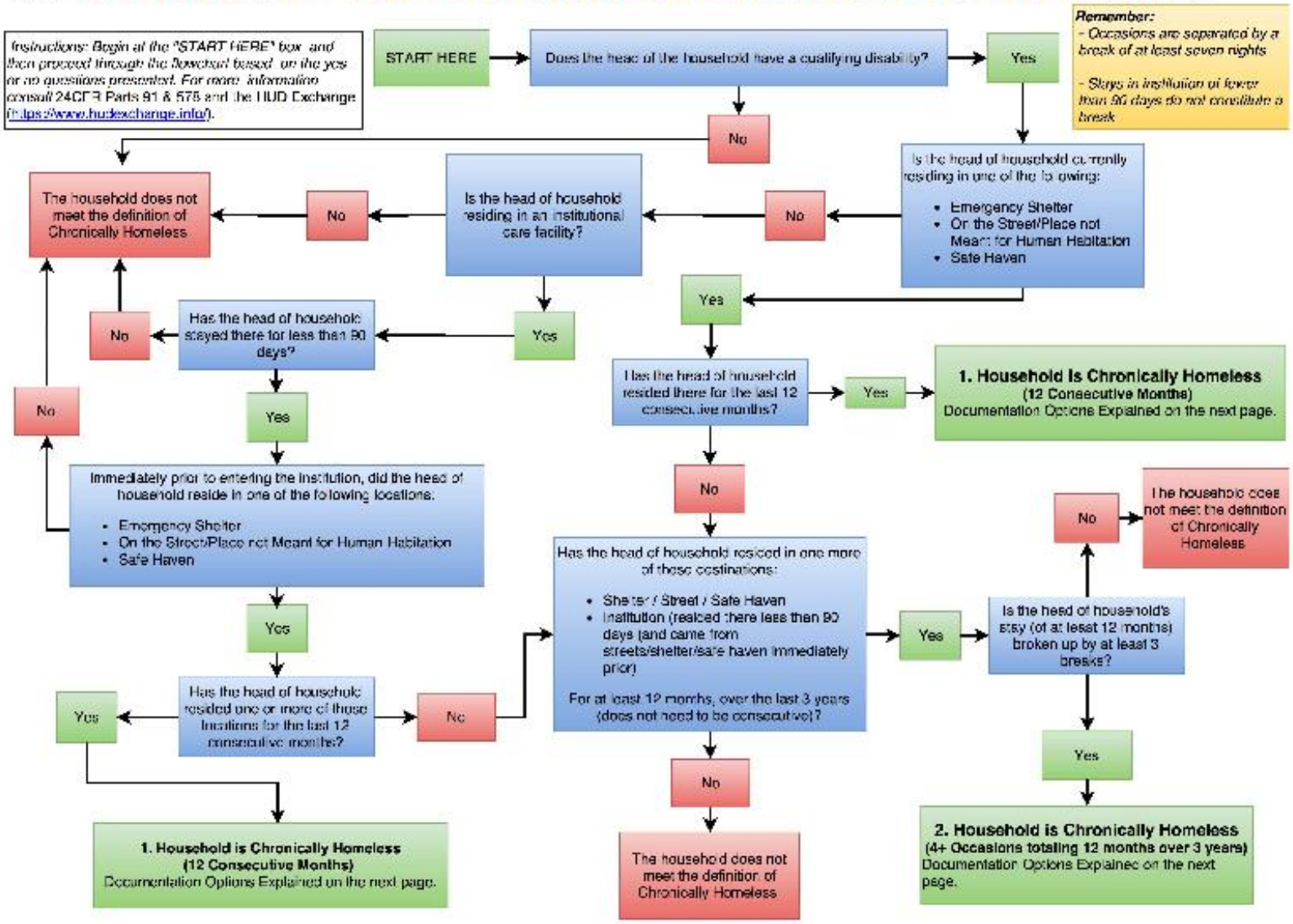
Please note that questions highlighted in red are scored as follows:
- If the answer is "No," a negative score is given, and the specified amount will be deducted from t
- If the answer is "Yes," a zero score is given, and no points will be lost.

	A	B	C	D	G
1		**HMIS Privacy/Security:**			
2				**Project's Score**	**Scoring**
3	1	HMIS Participation Consumer Notice is posted in a conspicuous location.			Yes= 0 No=-1
4	2	Has the program attended a new or refresher HMIS training this past year?			Yes= 2 No= 0
5		**Section Total:**		0	Max Score = 2 Min Score = -1
6		**COC Policy Binder :**			
7	1	Agency policy for client privacy in HMIS			Yes= 0 No=-1
8	2	The agency has a documented process to ensure that first and last names are correctly spelled and that the DOB is accurate. Are all staff informed?			Yes= 0 No=-1
9	3	Agency procedure with an organized exit process includes proper communication of the discharged destination in the file.			Yes= 0 No=-1
10	4	The agency has a documents process to ensure that first and last names are correctly spelled and that the DOB is accurate. Are all staff informed?			Yes= 0 No=-1
11	5	Policies/procedures for use of client data generated from HMIS			Yes= 0 No=-1
12	6	Agency policy and procedures for the secure storage and disposal of client information, covering both physical records and electronic data. Policies should detail safeguards in place to protect the confidentiality of clients' personally identifiable information, record-retention requirements, and secure disposal methods for all types of client records.			Yes= 0 No=-1
13		**Section Total:**		**0**	Max Score = 0 Min Score = -6

	A	B	C	D	G
13		**Section Total:**		**0**	Max Score = 0 Min Score = -6
14		**Client Consent and Release of Information (ROI)**			
15	1	**Is the agency using the current (6/17/2021) HMIS ROI?**			Yes= 0 No=-1
16	2	**Is the agency using the current HMIS ROI addendum (dated 4/19/2024 or later) ?**			Yes= 0 No=-1
17	3	**The Agency has a written policy for all clients to confirm homelessness.**			Yes= 0 No=-3
18	4	**The Agency has a written policy for documenting client disability.**			Yes= 0 No=-3
19	5	**A policy states: Person(s) with lived experience are on the Board of Directors or involved in other policy-making groups.**			Yes= 0 No=-1
20	6	**The program has a formal procedure in place for terminating assistance to participants.**			Yes= 0 No=-1
21	7	**A policy states that participants are not required to participate in inherently religious activities.**			Yes= 0 No=-1
22	8	**A policy states that participants cannot be denied benefits/services based on religion.**			Yes= 0 No=-1
23	9	**A policy/procedure identifies a staff person designated as an educational liaison that will ensure children are enrolled in school, connected to Head Start, Part C of the Disabilities Act.**			Yes= 0 No=-1
24	10	**A policy that states the age and gender of a child under age 18 is not used as a basis for denying any family's admission to the program.**			Yes= 0 No=-1
25	11	**Is there evidence that the recipient has implemented procedures to ensure availability of information on the existence and locations of facilities and services accessible to persons with disabilities?***			Yes= 0 No=-1
26	12	**Does the recipient have written policies to comply with non-discrimination, Equal Opportunity & Fair Housing regulations in providing services?**			Yes= 0 No=-1
27	13	**The agency has a procedure for file reviews, action plans, and a timeline for correcting file deficiencies.**			Yes= 0 No=-1
28		**Section Total:**		0	Max Score = 2 Min Score = -17
29					
30		**Page Total**		0	Max Score = 2 Min Score = -28
31					

	A	B	C	D	F
1		**HMIS Data Intake and Exit :**			
2				**Project's Score**	**Scoring**
3	1	Using the paper HMIS intake data collection forms which align with the 2024 or 2026 Data Standards intake form.			Yes= 0 No=-1
4	2	The agency is actively monitoring program participation entries of clients. 80% of entries for all household members are completed in HMIS within 72 hours. *			Yes= 0 No=-1
5	3	There is congruity between the case record responses based on the applicable homeless definition. (Is the client homeless? Has housing status and prior living situation been completed appropriately?)			Yes= 0 No=-1
6	4	Income, non-cash benefits, and health insurance are updated at least annually and at exit.			Yes= 0 No=-1
7	4A	90% of discharge destination data is appropriately entered into HMIS on the exit screen note section.			Yes= 2 No= 0
8	5	HMIS active client list matches the Project's active client list 100% (within 72 hours before the site visit)			Yes= 2 No= 0
9	6	APR 6d Chronic Homelessness			Yes= 2 No= 0
10		Section Total:		0	Max Score = 6 Min Score = -4
11		APR 6a to 6c (1 pt for each 0%) 20b & 21 (1 pt for each if the client doesn't know & data not collected = 0)			
12		**6a DQ Personally Identifiable Information**			**Scoring**
13	1	Name			Yes= 1 No= 0
14	2	Social Security Number (At least last 4 digits)			Yes= 1 No= 0
15	3	Date of Birth			Yes= 1 No= 0
16	4	Race and Ethnicity			Yes= 1 No= 0
17		**Section Total:**		0	Max Score =3 Min Score = 0

Flowchart of HUD's Definition of Chronic Homelessness



Documentation Standards for Chronic Homelessness

Instructions: *Based on your navigation of the flowchart on the previous page, locate the appropriate numbered situation on this page and follow the documentation standards noted. This tool summarizes the criteria for the new Chronically Homeless Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the HUD Exchange (https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/)*

Situation	Documentation of Homelessness	Documentation of Disability
1. Household is Chronically Homeless (12 Consecutive Months)	☐ HMIS record or record from a comparable database; or ☐ Written observation by an outreach worker of the conditions where the individual was living; or ☐ Written referral by another housing or service provider; or ☐ Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior) their Institutional Stay can be documented by: ☐ Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence, or ☐ Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above.	Documentation of the head of household's disability, including: ☐ Written verification of the disability from a licensed professional; ☐ Written verification from the Social Security Administration; ☐ The receipt of a disability check; or ☐ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.
2. Household is Chronically Homeless (4+ Occasions totaling 12 months over 3 years)* **May include institution stays of <90 days*	☐ HMIS record or record from a comparable database; or ☐ Written observation by an outreach worker of the conditions where the individual was living; or ☐ Written referral by another housing or service provider; or ☐ Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence (for institutional stays of less than 90 days) ☐ Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. ** Each separate occasion MUST be documented (minimum of 3 breaks). 100% of the breaks can be documented by self- report.*	Documentation of the head of household's disability, including: ☐ Written verification of the disability from a licensed professional; ☐ Written verification from the Social Security Administration; ☐ The receipt of a disability check; or ☐ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Important Notes:

- *Each individual occasion needs to be fully documented.*
- *Breaks can be documented by self-report.*
- *For each Project:*
  - *100% of households served can use self-certification for 3 months of their 12 months,*
  - *75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and*
  - *25% of households served can use self-certification as documentation for any and all months.*

	6b Universal Data Elements (5 pts)			
1	Veterans Status			Yes= 1 No= 0
2	Project Start Date			Yes= 1 No= 0
3	Relationship to Head of Household			Yes= 1 No= 0
4	Enrollment CoC (NY-500)			Yes= 1 No= 0
5	Disabling Condition			Yes= 1 No= 0
	Section Total:		0	Max Score = 5 Min Score = 0

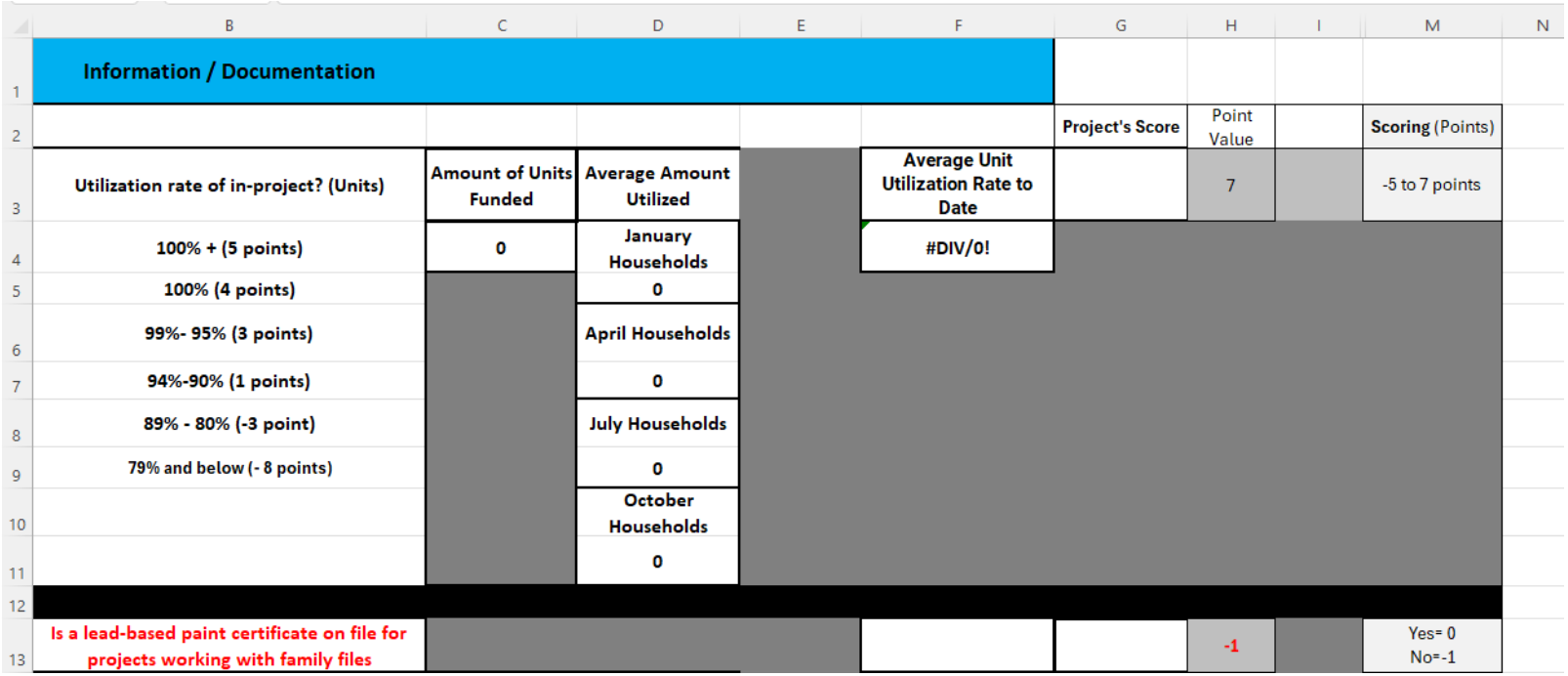
	6c Income & Housing Data Quality (4 pts)			
	Destination			Yes= 1 No= 0
	Income & Sources at Start			Yes= 1 No= 0
	Income & Sources at Annual Assessment			Yes= 1 No= 0
	Income & Sources at Exit			Yes= 1 No= 0
	Section Total:		0	Max Score = 4 Min Score = 0

		20b Non-Cash Benefits (4 pts) & 21 Health Insurance (6 pts)			
1		**Non-cash client doesn't know/Prefers not to answer**			
1A		**Start**			Yes= 1 No= 0
1B		**Exit**			Yes= 1 No= 0
1		**Non-cash client data not collected**			
1A		**Start**			Yes= 1 No= 0
1B		**Exit**			Yes= 1 No= 0
2		**Health Insurance client doesn't know/Prefers not to answer**			
2A		**Start**			Yes= 1 No= 0
2B		**Annual**			Yes= 1 No= 0
2C		**Exit**			Yes= 1 No= 0
3		**Health Insurance data not collected**			
3A		**Start**			Yes= 1 No= 0
3B		**Annual**			Yes= 1 No= 0
3B		**Exit**			Yes= 1 No= 0
		Section Total:		0	Max Score = 10 Min Score = 0
		Page Total		0	Max Score = 30 Min Score = -4
		Possible points (+30 -10) Section Point totals			

*This year's score will still be based only on Head of Household. Next year's score will include all household members. For your information we will also show you the percentage for timely entry of all household members.

	A	B	C	D	E	G
1	CE	**Coordinated Entry**				
2					**Project's Score**	**Scoring**
3	1	**Have 100% of Head of Households have entered the program via the prioritization list?**	%			Yes= 0 No=-1
4	2	**Do 75% of clients referred from the prioritization list to the Project have entry dates?**	%			Yes= 0 No=-1
5	3	**100% of clients have a prioritization list referral follow-up note in the client's HMIS file within 14 days of referral.**	%			Yes= 0 No=-1
6	4	**The average time from referral to project entry is 14 days, regardless of RRH or PSH**	**Days**			Yes= 2 No= 0
7	5	**The average number of days from program entry to housed (PSH within 45 days, RRH within 30 days) ***	**Days**			Yes= 2 No= 0
8	6	**Less than 20% of participants that have entered the project from the prioritization list have been exited without being housed.**	%			Yes= 2 No= 0
9	7	**Less than 10% of clients referred from the prioritization list to the Project have rejected this Project.**	%			Yes= 3 No= 0
10	8	**Less than 10% of this Project's referrals from the prioritization list have rejected the client.**	%			Yes= 3 No= 0
11		**Section Total:**			0	Max Score = 12 Min Score = -4
12						
13						
14		**Page Total**			0	Max Score = 12 Min Score = -3
15		**Possible points (+12 -3) Section Point totals**				

Changed Info-Doc Tab



	B	C	D	E	F	G	H	I	M	N
1	**Information / Documentation**									
2						**Project's Score**	Point Value		**Scoring** (Points)	
3	**Utilization rate of in-project? (Units)**	**Amount of Units Funded**	**Average Amount Utilized**		**Average Unit Utilization Rate to Date**		7		-5 to 7 points	
4	**100% + (5 points)**	**0**	**January Households**		#DIV/0!					
5	**100% (4 points)**		**0**							
6	**99%- 95% (3 points)**		**April Households**							
7	**94%-90% (1 points)**		**0**							
8	**89% - 80% (-3 point)**		**July Households**							
9	**79% and below (- 8 points)**		**0**							
10			**October Households**							
11			**0**							
12										
13	**Is a lead-based paint certificate on file for projects working with family files**						-1		Yes= 0 No=-1	

Proposed Bed and Unit Inventory

The number of beds and units shown here come from the grant application as it was submitted in e-snaps. This information is not able to be edited by the Recipient or the CPD Representative. These represent the number of beds/units funded under the award unless amended post-award.

Total Number of Year Round Beds/Units from Application

Total Units	27
Total Beds	50
Total Dedicated CH Beds	0
Total Non-Dedicated CH Beds	50

Units from APR

PIT Actual Bed and Unit Utilization

*The numbers here are reported by the recipient and are to reflect the number of beds and units that were **occupied and available for occupancy** on the last Wednesday of the appropriate month. The chart is comparing the number of beds and units the recipient proposed to the number the recipient had actually occupied and/or were available.*

- *Occupied means a unit which has persons residing within the unit. [Count each unit and bed occupied.]*
- *Available for occupancy means a unit which is "readily available" to be occupied. That is one where 1) in a site-based project the unit included in the grant is vacant AND 2) in a scattered-site project readily available includes all leasing subsidies which are available but which a client has not rented with yet and any units which will be rented with funds available (i.e. those above the number of units awarded in the grant based on funding availability.)*

Units from the Point in Time Count

The application number and the occupancy number may legitimately differ for reasons. For example - the project may show fewer beds and units available because the project had a slow start-up or a unit was being rehabilitated, or the project may sho more beds and units available by correctly reporting availability based on the amount of leasing funds available on the last Wednesday of any given quarter (scattered-site housing only).

Point-in-Time Utilization on the Last Wednesday (Quarterly)	As Proposed in the Application	Occupied AND Available for Occupancy As Completed in the APR by the Recipient				Average % of Actually Available to Proposed
		January	April	July	October	
Units	27	24	23	25	26	90.74%
Beds	50	57	50	58	61	113.00%

Explanation, as necessary

If the number of beds and units proposed is different from the number actually available on the last Wednesday of each month please explain why:

Being a leasing project, each time a tenant vacates a property the units need to be tu re-lease to new tenants. The program is actively working on developing ways to redu

Changed Info-Doc Tab Cont.

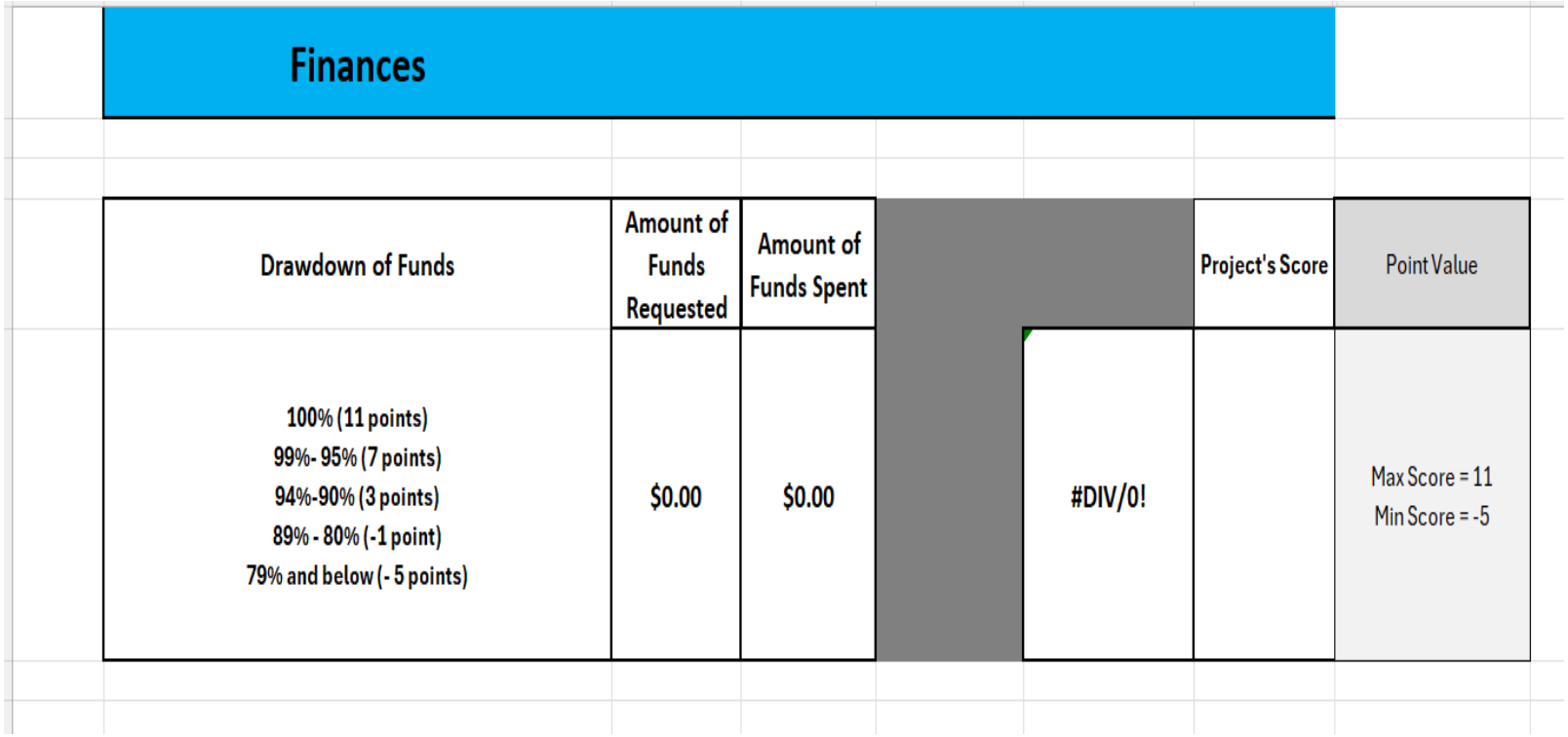
3	Supportive Housing Assessments	Number of Heads of Household	Number of Completed Supportive Housing Assessments					
	Percentage of housing assessment completed during project year (the number of completed assessments divided by the number of clients equals 95%)	0	0	#DIV/0!				Yes= 2 No= 0
3A	All Clients that have been in the Project for over a year have an updated housing assessment completed during the project year (the number of completed assessments divided by the number of clients with a year plus in the projects equals 95%)	0	0	#DIV/0!				Yes= 2 No= 0
4	Acuity Index	Number of Heads of Household	Number of Completed Acuity Index				Bonus Points	
	Percentage of Acuity Index completed during project year (the number of completed Acuity Index divided by the number of clients equals 95%)	0	0	#DIV/0!			#DIV/0!	Yes= 2 No= 0
4A	All Clients that have been in the Project for over a year have an updated acuity index completed during the project year (the number of completed assessments divided by the number of clients with a year plus in the projects equals 95%)	0	0	#DIV/0!			#DIV/0!	Yes= 2 No= 0
	Section Total:					0		Max Score = 13 Min Score = -9
	Acuity Index Bonus Total:	101%-110%=1 111%-119%=2 120%+ =3				#DIV/0!		Max Score = 6 Min Score = 0
	Page Total					#DIV/0!		Max Score = 19 Min Score = -9

Possible points (+19 -9) Section Point totals

Supportive Housing Assessments

Client#	Entry Date	Date of Original Assessment	Date of Latest Update	Exit Date
81049	11/18/2019	11/18/2019	11/18/2024	
81050	12/3/2019	12/3/2019	12/3/2024	
81051	12/19/2019	12/16/2019	12/19/2024	
81052	1/10/2020	1/8/2020	1/10/2025	
81053	5/15/2020	5/15/2020	5/15/2025	
81054	11/21/2022	12/13/2022	11/21/2024	
81055	11/20/2023	11/20/2023	11/20/2024	
81056	7/11/2024	7/11/2024	7/15/2024	
81057	4/24/2025			
81058	5/19/2025	5/20/2025		
81059	5/27/2025	5/27/2025		

New: FINANCE TAB



Finances

Drawdown of Funds	Amount of Funds Requested	Amount of Funds Spent		Project's Score	Point Value
100% (11 points) 99%- 95% (7 points) 94%-90% (3 points) 89% - 80% (-1 point) 79% and below (- 5 points)	$0.00	$0.00	#DIV/0!		Max Score = 11 Min Score = -5

Development

Acquisition	0
Rehabilitation	0
New Construction	0
Development Subtotal	0.00

Supportive Services

Assessment of Service Needs	0
Assistance with Moving Costs	0
Case Management	16,343.00
Child Care	0
Education Services	0
Employment Assistance	0
Food	0
Housing /Counseling Services	0
Legal Services	0
Life Skills	0
Mental Health Services	0
Outpatient Health Services	0
Outreach Services	0
Substance Abuse Treatment Services	0
Transportation	360.00
Utility Deposits	0
Operating	0
Supportive Services Subtotal	16,703.00

HMIS

Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	0
Services (Training, Hosting, Programming)	0
Personnel (Costs Associated with Staff)	0
Space and Operations	0
HMIS Subtotal	0.00

Leasing, Rental Assistance, and Operating

Real Property Leasing (Does Not Require Match)	256,695.00
Short /Medium-Term Rental Assistance	0
Long-Term Rental Assistance	0
Operating Costs	10,112.00
Leasing, Rental Assistance, & Operating Subtotal	266,807.00

Administration

Administration	14,176.00
Administration Subtotal	14,176.00

Total Expenditures 297,686.00

Match

Cash Match	18,576.12
In-Kind Match	0
Total Match	18,576.12
Total Expenditures Requiring a Match	40,991.00
Percentage Match	45.32%

Total Budget (Expenditures Plus Match) 316,262.12

New: FINANCE QUESTIONS continued

	Financial Documentation		Project's Score	Scoring
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)			Yes= 0 No= -1
2	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 85.2]			Yes= 0 No= -1
3	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]			Yes= 0 No= -1
4	Grantee's fiscal records and valuables are secured in a limited-access area?(-1) [24 CFR 576.57 (b); 24 CFR 85.20]			Yes= 0 No= -1
5	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]			Yes= 0 No= -1
6	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).			Yes= 0 No= -1
7	Has the grantee developed standards for avoiding conflict of interest in carrying out activities funded by federal grants dollars? (-1 Point)			Yes= 0 No= -1
8	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)			Yes= 0 No= -1
9	A copy of most recent audited financial statement has been reviewed. (-1 Point)			Yes= 0 No= -1
	Section Total:		0	Max Score= 0 Min Score= -9
	Page Total		0	Max Score = 11 Min Score = -14

***Please note best practice is to draw down monthly. HUD states draw downs should be completed quarterly at minimum**

Project Outcomes

		Project % (APR 2024)	Community Benchmarks	All CoC% for Project APR year	All PSH/RRH/TH % For Project APR Year	Total Points	
1	Participants exit to or remain in permanent Housing (2 points for each % reached or at or above)	0%	93%	0%	0%	0	* INCREASE
2	Participants have employment income in the program year (1 point for each % reached or at or above)	0%	20%	0%	0%	0	
3	Participants have non-employment income in the program year (1 point for each % reached or at or above)	0%	40%	0%	0%	0	
4	Participants with no income (2 points for each % reached or at or below)	0%	15%	0%	0%	0	
5	Participants have obtained non-cash benefits (2 points for each % reached or at or above)	0%	85%	0%	0%	0	
6	Participants have health insurance (2 points for each % reached or at or above)	0%	90%	0%	0%	0	
7	Participants increase employment income (1 point for each % reached or at or above)	0%	20%	0%	0%	0	
8	Participants increased non-employment income in the program year (1 point for each % reached or at or above)	0%	45%	0%	0%	0	* INCREASE
9	Participants exited with an increase of non-employment income (1 point for each % reached or at or above)	0%	50%	0%	0%	0	*INCREASE
	* NEED EXPLANATIONS SUCH AS BELOW THE NEXT TABLE					Points for Section 1	
						0	

	Increase or Decrease year over year.						
		Project % -2024	Project % -2025	Community Benchmarks	% increase or decrease	Total Points	
1	Participants exit to or remain in permanent Housing.	0%	0%	93%	0%	0	* INCREASE
2	Participants have employment income in the program year.	0%	0%	20%	0%	0	
3	Participants have non-employment income in the program year.	0%	0%	40%	0%	0	
4	Participants with no income	0%	0%	15%	0%	0	
5	Participants have obtained non-cash benefits.	0%	0%	85%	0%	0	
6	Participants have health insurance.	0%	0%	90%	0%	0	
7	Participants increase employment income.	0%	0%	20%	0%	0	
8	Participants' non-employment income increased in the program year.	0%	0%	45%	0%	0	* INCREASE
9	Participants exited with an increase in non-employment income.	0%	0%	50%	0%	0	* INCREASE
	Projects will get 1 point for every 1% increase, with a maximum of 5 points under the community benchmark. Projects will get 1 point taken off for every 1% decrease under the community benchmark, with a maximum of 5 points taken off under the community benchmark. Projects at or above the community benchmark for FY24 will receive 5 points, and projects at or above the community benchmark for FY24 and FY23 will receive two bonus points.					Points for Section 2	
						0	
	Possible Points for Section 1. A total of **39** Positive Points Possible Points for Section 2: a total of **63** Positive Points/45 Negative Points					**Total Points for Sections 1 and 2**	
	Page Total					0	

w Eligibility and Documentation

minimum of 10% of caseload

es Reviewed: 5

s	Homeless Doc	Disability Doc (PSH only)	Head of Household has received a copy of the Emergency Transfer Policy and VAWA (example: signature page in the file)	The client's Name matches the lease	Household composition	Photo ID (head of Household)	SSA Card (for all family members)	Birth Certificate (for all family members)	School Attendance Record (for all school age family members) example: quarterly report cards	Annual Assessment Income Certification (2)	Tenant Rent Calculation (2)	Annual Lease (2)	Annual Inspection (2)

es Reviewed: 0

s	Homeless Doc	Disability Doc (PSH only)	Head of Household has received a copy of the Emergency Transfer Policy and VAWA (example: signature page in the file)	The client's Name matches the lease	Household composition	Photo ID (head of Household)	SSA Card (for all family members)	Birth Certificate (for all family members)	School Attendance Record (for all school age family members) example: quarterly report cards	Annual Assessment Income Certification (2)	Tenant Rent Calculation (2)	Annual Lease (2)	Annual Inspection (2)	For Exited Clients does a review of these client files show that minimum due process requirements were followed for termination?

Number of Case Files Reviewed:		0											
Clients with missing documentation from previous year's monitoring was documentation corrected?	Missing Homeless Doc	Missing Disability Doc (PSH only)	Head of Household has received a copy of the Emergency Transfer Policy and VAWA (example: signature page in the file)	Missing the client's Name matches the lease	Missing household composition	Missing Photo ID (head of Household)	Missing SSA Card (for all family members)	Birth Certificate (for all family members)	School Attendance Record (for all school age family members) example: quarterly report cards	Missing Annual Assessment Income Certification (2)	Missing Tenant Rent Calculation (2)	Missing Annual Lease (2)	Missing Annual Inspection (2)
1													
2													
3													
4													

*Please note 10% of files, or a minimum of 4, are chosen randomly from participants enrolled or exited during the project year. If there are not enough eligible files from participants enrolled at least three months before the end of the project year, additional files will be requested from participants enrolled before the project year under review. To ensure random selection, each qualifying file is assigned a unique number (from 1 up to the total number of files). These numbers are then input into a random number picker app. The numbers selected by the app determine which files are chosen-the files corresponding to those selected numbers are the final selections. Files found deficient in the previous monitor are requested again the next year, unless exited prior to the previous year's monitor date.

Notes about Files

Points for File review		Percentage of Documents Present		100.00%
Page Total	0			

(1) A checked box indicates the client has this information.
(2)- For total points, you must have the document for every year the client is housed in the Project. This includes the first year of the client being housed in the Project.

** The file review section will be scored using a sliding scale rubric.
Points will be awarded according to the overall percentage of required documents that were present in the audited files:

100% of documents present	15	points
90-99% of documents present	13	points
80-89% of documents present	11	points
70-79% of documents present	9	points
60-69% of documents present	7	points
50-59% of documents present	5	points
40-49% of documents present	3	points
30-39% of documents present	1	points
29-0% of documents present	0	points

HUD CoC File review of Case Management

Client folder Check minimum of 10% of caseload

Number of Case Files Reviewed:

	Active Clients	Has the program participant created or updated a Service Plan within the past 12 months?	Are notes in the Case Notes in the case plan tab?	Are notes in the Case Plan tab broken down by goal?	Does the program participant's Service Plan contain specific Goals that will assist them with obtaining and maintaining Housing?	Is there evidence in the program participant's previous 12 months of case/progress notes that program staff is providing services, making referrals, or having conversations about behaviors or actions that will assist the program participant with achieving their Goals?	Do the Goals in the program participant's Service Plan correspond with the information in the program participant's Supportive Housing Assessment?	Does the program participant's most recent Acuity Index score correspond with the information in the program participant's most recent case/progress notes?	Supportive Housing Assessment (2)	Acuity index (2)
1	0									
2	0									
3	0									
4	0									
5	0									
6	0									
7	0									
8	0									
9	0									

Number of Case Files Reviewed:

	Exited Clients	Has the program participant created or updated a Service Plan within the past 12 months?	Are notes in the Case Notes in the case plan tab?	Are notes in the Case Plan tab broken down by goal?	Does the program participant's Service Plan contain specific Goals that will assist them with obtaining and maintaining Housing?	Is there evidence in the program participant's previous 12 months of case/progress notes that program staff is providing services, making referrals, or having conversations about behaviors or actions that will assist the program participant with achieving their Goals?	Do the Goals in the program participant's Service Plan correspond with the information in the program participant's Supportive Housing Assessment?	Does the program participant's most recent Acuity Index score correspond with the information in the program participant's most recent case/progress notes?	Supportive Housing Assessment (2)	Acuity index (2)
1	0									
2	0									
3	0									
4	0									
5	0									
6	0									

	Number of Case Files Reviewed:									
	Clients with missing documentation from previous year's monitoring was documentation corrected?	Missing -Has the program participant created or updated a Service Plan within the past 12 months?	Missing -Are notes in the Case Notes in the case plan tab?	Missing - Are notes in the Case Plan tab broken down by goal?	Missing-Does the program participant's Service Plan contain specific Goals that will assist them with obtaining and maintaining Housing?	Missing - Is there evidence in the program participant's previous 12 months of case/progress notes that program staff is providing services, making referrals, or having conversations about behaviors or actions that will assist the program participant with achieving their Goals?	Missing - Do the Goals in the program participant's Service Plan correspond with the information in the program participant's Supportive Housing Assessment?	Missing- Does the program participant's most recent Acuity Index score correspond with the information in the program participant's most recent case/progress notes?	Missing - Supportive Housing Assessment (2)	Missing- Acuity index (2)
1	0									
2	0									
3	0									
4	0									

*Please note 10% of files, or a minimum of 4, are chosen randomly from participants enrolled or exited during the project year. If there are not enough eligible files from participants enrolled at least three months before the end of the project year, additional files will be requested from participants enrolled before the project year under review. To ensure random selection, each qualifying file is assigned a unique number (from 1 up to the total number of files). These numbers are then input into a random number picker app. The numbers selected by the app determine which files are chosen-the files corresponding to those selected numbers are the final selections. Files found deficient in the previous monitor are requested again the next year, unless exited prior to the previous year's monitor date.

Notes about Files

Points for File review		Percentage of Documents Present	#DIV/0!
Page Total	**0**		

** The Client CM review section will be scored using a sliding scale rubric.

Points will be awarded according to the overall percentage of required documents that were present in the audited files:

100% of documents present	15	points
90-99% of documents present	13	points
80-89% of documents present	11	points
70-79% of documents present	9	points
60-69% of documents present	7	points
50-59% of documents present	5	points
40-49% of documents present	3	points
30-39% of documents present	1	points
29-0% of documents present	0	points

1. What is the percentage of staff at the point in time count? (at minimum) o 30% to 20% of total funding = 6 people o 19% to 15% of total funding =5 people o 14%to 10% of total funding = 4 people o 9% to 5% of total funding = 3 people o 4% to 2% of total funding = 2 People	100% = 5 Points 99% to 90% = 4 Points 89% to 80% =3 Points 79% to 50% = 0 Points 49% to 0% = -3 points *Bonus points for over 100% = 3 Points*	Percentage of HUD CoC Funding for Program = Number of Staff participated in PIT Count =

Did the program attend the monitoring training?				0
Was the Project prepared for the site visit?				
			Points for Section	**0**

Section Point totals

Section	Possible Positive Points	Possible Negative Points		Section Total
HMIS Privacy/Security & CoC Policy Binder	2	28		**0**
HMIS Data Intake and Exit	30	10		**0**
Coordinated Entry	12	3		**0**
Information/Documentation	19	-9		**#DIV/0!**
Finances	11	-14		**0**
Project Outcomes	102	45		**0**
File Review Section	15	1		**0**
Client CM Review	15	0		**0**
Other Scores	2	1		**0**
Project Totals	208	65	**Total Score**	**#DIV/0!**

Notes/Comments:

What will happen next?

- Site visits are being scheduled for projects that ended 90 days+ ago.
- Site visits will be scheduled 90 days after your Project has ended
- You will be given three time slot options the week of the visit.
  - The other three projects might get the same available time slots
  - Please pick the time that works best for you and your staff (first come, first served)
- Anywhere from 2 to 4 monitors will show up to the visit, this is including Jennifer and Carolyn (once per Program)
- **Recipients are responsible for contacting sub-recipients about the upcoming site visit.**
- A week before, we will request the following (please have it back to us within 24 hours of request)
  - Current to date active rent roll or program roster
  - List of clients who entered from Coordinated Entry
  - List of clients who exited the program within the program year-end in 2024
  - Proof of income for participants over income for non-cash benefits
- 24 hours before we will send out a list of files the team would like to review

Questions