

Special Needs Division Client Review

Arizona Department of Housing

I. CLIENT FILE REVIEW

Contract #: _____

Type of Grant	COC	HTF	HPF	HOPWA
<input type="checkbox"/> PH				
<input type="checkbox"/> PH Chronic Required				
<input type="checkbox"/> RRH				
<input type="checkbox"/> TH				
<input type="checkbox"/> ES				
<input type="checkbox"/> TBRA				
<input type="checkbox"/> STRMU				
<input type="checkbox"/> Prevention				
<input type="checkbox"/>				

1. Program Entry

VI-SPDAT Score: _____

Client name or identifier	
Date of intake	
Is Application/Assessment completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Move-in Date (PH/RRH)	

Program Exit (if applicable)

Date of exit	
Reason	
If terminated, is it documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Destination	
Follow-up services? How long?	

2. Household IdentificationProgram Participant

- Driver's License
 Non-driver ID
 Social Security Card
 Birth Certificate
 Medical Card
 Military ID

Other Adults in Household

- Driver's License
 Non-driver ID
 Social Security Card
 Birth Certificate
 Medical Card
 Military ID

Children Under Age 18

- Photo ID
 Social Security Card
 Birth Certificate
 Medical Card

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3. Participant Eligibility

A. **HOPWA ONLY:** HIV/AIDS Positive (*Form completed and signed by physician.*)

B. Homelessness Status**

- Literally homeless (*PH*)
- Chronically homeless (*PH/CH*)
- Imminent risk of homelessness (*TH*)
- Homeless under other federal statutes (*TH*)
- Fleeing/attempting to flee DV (*PH/TH*)

*** One-hundred percent (100%) of households can self-certify for three (3) months of their twelve (12) months; seventy-five percent (75%) of households served need to use third party documentation for nine (9) months of their twelve (12) months; and twenty-five percent (25%) of households served can use self-certification as documentation for any and all months after January 15, 2016 only. CHRONIC DEFINITION ATTACHED TO END OF DOCUMENT.*

Describe documentation:

C. **Disability verification (must be AXIS I (SMI) and signed by a physician; AXIS II (Substance Use Disorder)).** (*Not necessary for TH/RRH.*)

Describe documentation:

D. **Eviction Verification and/or Utility Shut-off (for prevention and HOPWA STRMU).**

Describe documentation:

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E. Income verification

HOPWA ONLY: Eighty percent (80%) or less AMI

Yes No

- | | | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of all verified income sources | <input type="checkbox"/> | No income | <input type="checkbox"/> | Paycheck stubs (four (4) to six (6) weeks) |
| | | | <input type="checkbox"/> | TANF | <input type="checkbox"/> | Award letters for SSI/SSDI, UI |
| | | | <input type="checkbox"/> | Bank statements | | |
| | | | <input type="checkbox"/> | Other (describe): _____ | | |

4. Rental/Leasing Documents

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | Rent calculation |
| <input type="checkbox"/> | <input type="checkbox"/> | | Lease/rental agreement signed (Date) _____ <i>(PH: At least one (1) year; no unusual terms. TH: Occupancy Agreement must be for at least one (1) month and extend no more than twenty-four (24) months.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rental payments clearly identified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility payments clearly identified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lead Based Paint Disclosure signed/dated <i>(if built before 1978)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | | Rent Reasonableness form |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HQS/UPCS inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HOPWA ONLY: Habitability Standards |
| <input type="checkbox"/> | <input type="checkbox"/> | | FMR amounts <i>(verify it is current year)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility allowances <i>(if applicable) (Year: _____)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Request for tenancy approval <i>(if rental assistance)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applicant/Tenant Program Agreement signed and dated |

HOPWA

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | STRMU ONLY: Description of client's emergency situation is fully documented and/or reassessed |
| <input type="checkbox"/> | <input type="checkbox"/> | STRMU ONLY: Correct back-up documentation collected (i.e. lease, mortgage statement, utility bills) |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget worksheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental/emergency assistance worksheet signed by client and case manager |
| <input type="checkbox"/> | <input type="checkbox"/> | Are weeks of assistance being tracked? <i>(Twenty-one (21) weeks maximum per fifty-two (52) weeks)</i> |

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5. Releases

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Release of Information/Privacy Act signed and dated (<i>ADOH is named</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | HMIS Release of Information (ROI) for data entry signed and dated |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant Appeal/Grievance Procedures |

6. Recertification

Date of last recertification: _____

Yes **No** **N/A**

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | Recertification notice to client |
| <input type="checkbox"/> | <input type="checkbox"/> | | Rent calculation |
| <input type="checkbox"/> | <input type="checkbox"/> | | HQS/UPCS inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | | HOPWA ONLY: Habitability Standards |
| <input type="checkbox"/> | <input type="checkbox"/> | | Income verified |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rent Reasonableness (<i>if applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Updated rental documents (<i>if applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Updated household information (<i>if applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applicant/Tenant Program Agreement signed and dated (<i>if applicable</i>) |

Recertification of Releases

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Release of Information/Privacy Act signed and dated (<i>ADOH is named</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | HMIS Release of Information (ROI) for data entry signed and dated |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant Appeal/Grievance Procedures |

7. Annual Assessment

Date of last assessment: _____

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Recertification notice to client |
| <input type="checkbox"/> | <input type="checkbox"/> | Entered annually within thirty (30) days of original HMIS entry date |

8. Supportive Services

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have written goals been developed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there documentation of the goals being worked on or achieved? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is income being increased? (<i>i.e. SOAR, VA, employment</i>) |

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Describe the support services provided, including frequency.

Chronically Homeless

- (1) A “homeless individual with a disability,” as defined by HUD, who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - Has been homeless (as described above) continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years where the combined occasions must total at least twelve (12) months;
 - Occasions separated by a break of at least seven (7) nights;
 - Stays in institution of fewer than ninety (90) days do not constitute a break.
- (2) An individual who has been residing in an institutional care facility for fewer than ninety (90) days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Summary of Major Changes

- Four (4) occasions must total twelve (12) months.
- Replaced “disabling condition” with “homeless individual with a disability”.
- Occasion is defined by a break of at least seven (7) nights not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation (e.g., staying with a friend, in a hotel/motel paid for by program participant).
- Stays in institution of fewer than ninety (90) days do not constitute as a break and count toward total time homeless.
- New Recordkeeping Requirements under COC Program.

Recordkeeping Requirements

Establish the following order of priority for obtaining evidence:

- Third-party.
- Intake worker observation.
- Certification from the person seeking assistance.

Documenting an individual’s time in a place not meant for human habitation, an emergency shelter, or a safe haven:

- Third party documentation is preferred; however:
 - ✓ For all clients, up to three (3) months can be documented through self-certification.
 - ✓ In limited circumstances, up to the full twelve (12) months can be obtained through self-certification.
 - ✓ Single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break.
 - ✓ If third-party documentation cannot be obtained, a written record of intake workers due diligence to obtain, the intake worker’s documentation of the living situation, AND the individual’s self-certification of the living situation.
- Evidence of a break can be documented by:
 - ✓ Third party evidence.
 - ✓ The self-report of the individual seeking assistance.