**Critical Assistance (CA) Program**

**Client File Checklist**

**Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Name: |  | | |
| HMIS ID #: |  | | |
| Entry Date: |  | Exit Date: |  |

**Services Provided** *(check all that apply)*

Home Repair

Mortgage Assistance

Property Tax Assistance

Rent Assistance

Security Deposit Assistance

Utility Assistance

**Required Documents**

1. \_\_\_\_\_\_ **Intake application/initial assessment** identifying the client’s most pressing needs.

1. \_\_\_\_\_\_ Acknowledgement of the **release of information form** for the Critical Assistance

program and the Homeless Information Management System (HMIS).

1. \_\_\_\_\_\_ Documentation of program eligibility, including **third-party income documentation**,

**income calculation**,and **need of assistance**.

1. \_\_\_\_\_\_ **Landlord verification form** for security deposit and/or rental assistance, if applicable.
2. \_\_\_\_\_\_ Documentation of program **enrollment into HMIS**.

*Provide a screenshot of the client’s enrollment in the program, with entry and exit dates****.***

1. \_\_\_\_\_\_ **Certification** of a **housing inspection** conducted or **self-certification** by the client

ensuring that their housing meets basic health and safety conditions.

1. \_\_\_\_\_\_ Demonstration of **correspondence** with the client regarding the need for additional

documentation, payment approval, and/or denial of assistance.

**If CA funds were used to provide assistance, the following requirement applies:**

1. \_\_\_\_\_\_ Documentation of a **one-time payment**, including a copy of the past due billing

statement and payment made.