

# Critical Assistance (CA) Program

## Client File Checklist

### Client Information

HMIS ID #:			
Entry Date:		Exit Date:	

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

- |  |  |
|--|--|
| <input type="checkbox"/> Home Repair             | <input type="checkbox"/> Rent Assistance             |
| <input type="checkbox"/> Mortgage Assistance     | <input type="checkbox"/> Security Deposit Assistance |
| <input type="checkbox"/> Property Tax Assistance | <input type="checkbox"/> Utility Assistance          |

### Required Documents

1. \_\_\_\_\_ **Intake application/initial assessment** identifying the client's most pressing needs.
2. \_\_\_\_\_ Acknowledgement of the **release of information form** for the Critical Assistance program and the Homeless Information Management System (HMIS).
3. \_\_\_\_\_ Documentation of program eligibility, including **third-party income documentation, income calculation, and need of assistance.**
4. \_\_\_\_\_ **Landlord verification form** for security deposit and/or rental assistance, if applicable.
5. \_\_\_\_\_ Documentation of program **enrollment into HMIS.**  
*Provide a screenshot of the client's enrollment in the program, with entry and exit dates.*
6. \_\_\_\_\_ **Certification** of a **housing inspection** conducted or **self-certification** by the client ensuring that their housing meets basic health and safety conditions.
7. \_\_\_\_\_ Demonstration of **correspondence** with the client regarding the need for additional documentation, payment approval, and/or denial of assistance.  
*(i.e. letters, emails, etc.)*

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

8. \_\_\_\_\_ Documentation of a **one-time payment**, including a copy of the past due billing statement and payment made.  
*(i.e. mortgage statement, general ledger, and check stubs)*