**ESG Client File Checklist / EMERGENCY SHELTER Only**

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| Client Identifier |  | Program |  |
| Entry Date |  | Exit Date |  |  |  |

1. \_\_\_\_\_\_ Record of **services provided**with ESG funds while in shelter program *(24 CFR 576.101(a), 576.500(l))*

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| Essential Services |  |  |
| [ ]  Shelter stay [ ]  Motel voucher[ ]  Case management[ ]  Childcare | [ ]  Education services [ ]  Employment assistance/training[ ]  Legal services[ ]  Life skills training | [ ]  Mental health services[ ]  Outpatient health services[ ]  Substance abuse treatment services[ ]  Transportation |

1. \_\_\_\_\_\_ Documentation of program **enrollment in HMIS** (or comparable database) *(24 CFR 576.500(n))*

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

1. \_\_\_\_\_\_ **Intake Form/Initial Assessment** identifying client’s most pressing needs *(24 CFR 576.401(a))*

*Must be dated within 1 week of entry date.*

1. \_\_\_\_\_\_ **Documentation** of an eligible **definition of homelessness** at program entry *(24 CFR 576.500(b))*

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| [ ]  Literally Homeless (category 1 homeless)[ ]  Imminent-Risk-of-Homelessness (category 2 homeless)[ ]  Homeless under other federal statues (category 3 homeless)[ ]  Fleeing or attempting to flee domestic violence (category 4 homeless) |

1. \_\_\_\_\_\_ Documentation of **referral and connection** to homeless and mainstream services *(24 CFR 576.401(d))*

 *Must show that the referral/connection(s) occurred while the client was in the program.*

1. \_\_\_\_\_\_ Documentation of provision of **Termination Procedure** *(24 CFR 576.500(f3))*

*Procedure should include possible reasons for termination, the procedure if a client is terminated from the program, and the appeal process.*

Was the client involuntarily terminated from the program? [ ]  Yes [ ]  No

 *If yes, provide documentation related to the termination proceeding.*

**If ESG was used to provide a motel voucher, the following requirements apply:**

1. \_\_\_\_\_\_ Documentation of **no appropriate emergency shelter** available
2. \_\_\_\_\_\_ Documentation of **motel stay**, including dates the client stayed and documentation of payments made

 *(e.g. motel invoice and fiscal ledger or check stubs)*

**Notes**

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*revised 11/2024*