**ESG Client File Checklist / STREET OUTREACH**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |  | Program |  |
| Entry Date |  | Exit Date |  |  |  |

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** that the client meets the Category 1: Literally Homeless **definition of homelessness** at program entry. The client must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter. *(24 CFR 576.500(b))*

1. \_\_\_\_\_\_ Record of **services provided** while in street outreach program *(24 CFR 576.101(a), 576.500(l))*

|  |
| --- |
| Eligible Costs |
| [ ]  Engagement[ ]  Case management[ ]  Emergency health services[ ]  Emergency mental health services[ ]  Transportation |

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 576.56(a3)) (not required for single-day services)*

*Include reasons for termination as well as the procedure for if/when a client is terminated form the program*

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

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

**Notes**

*revised 10/2022*