

Safe Shelter and Homelessness Grant (SSHG) Program

Client File Checklist

Client Information

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

Required Documents

1. _____ **Intake Form/Initial Assessment** identifying client's most pressing needs.
2. _____ **Documentation** that the client meets an eligible **definition of homelessness** at program entry.
 - ☐ Literally Homeless (Category 1 homeless)
 - ☐ Imminent-Risk-of-Homelessness (Category 2 homeless)
 - ☐ Homeless under other federal statutes (Category 3 homeless)
 - ☐ Fleeing or attempting to flee domestic violence (Category 4 homeless)
3. _____ Record of **services provided** to the client while in shelter (check all that apply).
 - 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
4. _____ Acknowledgement of the **termination procedure** and any correspondence related to a termination proceeding, if applicable.
5. _____ Documentation of program **enrollment in HMIS**.
Provide a screenshot of the client's enrollment in the program, with entry and exit dates.
6. _____ Demonstration of **referral and connection** to homeless and mainstream services.
Must show that the referral/connections(s) occurred while the client was in the program.

If SSSG was used to provide a motel voucher, the following requirement applies:

7. _____ Documentation of **motel stay**, including the dates the client stayed and payments made.
(i.e. motel invoice, general ledger, and check stubs)