

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

<input type="checkbox"/> Shelter stay	<input type="checkbox"/> Legal services
<input type="checkbox"/> Motel voucher	<input type="checkbox"/> Life skills training
<input type="checkbox"/> Case management	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Childcare	<input type="checkbox"/> Outpatient health services
<input type="checkbox"/> Education services	<input type="checkbox"/> Substance abuse treatment services
<input type="checkbox"/> Employment assistance/training	<input type="checkbox"/> 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)