

# State Shelter Subsidy Grant Client File Checklist

## Client Information

Household Name:			
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.
 

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.

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

7. \_\_\_\_\_ Documentation of **motel stay**, including the dates stayed and payments made.