**State Shelter Subsidy Grant (SSSG) Program**

 **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 statues (category 3 homeless)[ ]  Fleeing or attempting to flee domestic violence (category 4 homeless) |

1. \_\_\_\_\_\_ 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  |

1. \_\_\_\_\_\_ Acknowledgement of the **termination procedure** and any correspondence related to a

termination proceeding, if applicable.

1. \_\_\_\_\_\_ Documentation of program **enrollment in HMIS**.

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

1. \_\_\_\_\_\_ 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:**

1. \_\_\_\_\_\_ Documentation of **motel stay**, including the dates stayed and paymentsmade.