**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.