State Shelter Subsidy Grant (SSSG) 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 statues (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)