**ESG Client File Checklist / EMERGENCY SHELTER**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Name | |  | | | Program |  | | | |
| Entry Date |  | | Exit Date |  | | |  |  |

1. \_\_\_\_\_\_ Documentation of program **enrollment in HMIS** (or comparable database) *(24 CFR 576.500(n))*

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

1. \_\_\_\_\_\_ **Intake Form/Initial Assessment** identifying client’s most pressing needs *(24 CFR 576.401(a))*

*Must be dated within 1 week of entry date.*

1. \_\_\_\_\_\_ **Documentation** of an eligible **definition of homelessness** at program entry *(24 CFR 576.500(b))*

|  |
| --- |
| 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**while in shelter program *(24 CFR 576.101(a), 576.500(l))*

|  |  |  |
| --- | --- | --- |
| 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. \_\_\_\_\_\_ Documentation of **referral and connection** to homeless and mainstream services *(24 CFR 576.401(d))*

*Must show that the referral/connection(s) occurred while the client was in the program.*

1. \_\_\_\_\_\_ Documentation of provision of **Termination Procedure** *(24 CFR 576.500(f3))*

*Include reasons for termination as well as the procedure for if/when a client is terminated form the shelter program*

Was the client involuntarily terminated from the program?  Yes  No

*If yes, provide documentation related to the termination proceeding.*

**If ESG was used to provide a motel voucher, the following requirements apply:**

1. \_\_\_\_\_\_ Documentation of **no appropriate emergency shelter** available
2. \_\_\_\_\_\_ Documentation of **motel stay**, including dates the client stayed and documentation of payments made

*(i.e. fiscal ledger, check stubs, etc.)*

**Notes**

*revised 02/2023*