**ESG Client File Checklist / STREET OUTREACH**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** that the client meets the Category 1: Literally Homeless **definition of homelessness** at program entry. The client must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter. *(24 CFR 576.500(b))*

1. \_\_\_\_\_\_ Record of **services provided** while in street outreach program *(24 CFR 576.101(a), 576.500(l))*

|  |
| --- |
| Eligible Costs |
| Engagement  Case management  Emergency health services  Emergency mental health 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 576.56(a3)) (not required for single-day services)*

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

Was the client terminated from the program?  Yes  No

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

**Notes**

*revised 10/2022*