**COORDINATED ENTRY**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Move-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Copy of Pre-screen form
* Copy of CE Right & Responsibilities
* Copy of HMIS CE Lists identifying proper prioritization (PDF version. Program page and date stamp on last page only)
* Non-HMIS CE Confirmation from Coalition CE List Holder

**PROGRAM VERIFICATION**

* BoS Verification of Homelessness
* Third Party verification *(exempt if attempts to get 3rd party verification poses a safety risk for those fleeing DV situation)*

**ENROLLMENT/INTAKE**

* Case Notes- *related to housing stability, housing search and placement, income, benefits, referrals.*
* Assessment of Need
* Housing Stabilization plan
* Income & Benefits received at enrollment
* Mainstream Resource Referral and Connection Form
* Grievance and Appeal Policy with Signature
* Termination Policy with Signature
* Proof of Disability, if applicable
* McKinney Vento Rights for children and youth enrolled in school documentation.
* VAWA Forms 5380 to be provided at enrollment, if denied housing, terminated, and if evicted.

**PROGRAM CONTRACTS**

* Signed Program Briefing or Program Description
* Participant/Family Agreement
* Rental Assistance Contract with landlord
* Agency Release of Information

**HOUSING (UNIT) INFORMATION**

* Fair Market Rent and Rent Reasonableness Form with back-up documentation
* Utility Allowance Schedule- from PHA or WHEDA
* Unit Approval Form (not required)
* Lease
* VAWA Lease Addendum
* HQS Inspection document indicating the unit passed
* Unit Check-in/out document (not required)

**LEAD PAINT INFORMATION**

* Lead paint signed confirmation that HH received pamphlet: *Protect Your Family from Lead in Your Home*
* WIBOS Lead Safe Housing Rules Form
* Communication with local Health Department regarding EBLLs (if applicable)
* Verification of the date the unit was built
* Lead Paint Disclosure signed by LL and participant (if applicable)

**PAYMENT INFORMATION**

* Payment Requests: identify funding source, vendor, client, amount & type of assistance.
* Income Verification: third party verification OR No Income Statement
* Rent Calculation Form-*needed initially, if income changes, household composition changes and at Annual Assessment.*

**EXIT**

* Exit Plan
* Exit Income & Benefits information
* Reason for Termination (if applicable)

**ANNUAL ASSESSMENT** (+/- 30 days of enrollment annual anniversary)

* Annual assessment form that includes updated income and benefit information
* Updated ROI, if applicable
* Assessment of needs

**AFTER 12 MONTHS IN UNIT**

* HQS re-inspection
* Rent re-calculation with income verification
* Rent reasonableness with utility allowance (UA must be current year)

**OTHER FILE REQUIREMENTS**

* All units must have their utility allowance updated using utility allowance schedules that are for the current year (January – December).
* Public Health Department communication email regarding elevated blood lead levels- required quarterly.

**ADDITIONAL CONSIDERATIONS TO BE INCLUDED IN AGENCY-CREATED FORMS:**

* Did case manager offer (not require) supportive services including case mgmt.?
* Did Case manager offer supportive service availability for 6 months without the benefit of rental assistance?
* Is Housing First language reflected in agency documentation?
* Is Fair Housing explained and included in agency contract/agreements?
* Is client made aware of Housing First practices and policies at enrollment?
* Is the lease for at least 1 year and renewable after 12 months?
* Were clients made aware of vacated unit policies including brief stays in institutions (not to exceed 90 days) and agency ability to continue paying rent?
* Were clients made aware of unit damages policy?