**EHH Client File Checklist**

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Date \_\_\_\_\_\_\_\_\_\_\_\_ Exit Date \_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials \_\_\_\_\_\_\_\_\_\_\_\_

**RAPID RE-HOUSING**

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless household move as quickly as possible into permanent housing and achieve stability in that housing. The rapid rehousing assistance must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short- and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

*In general, the client file must demonstrate a) eligibility; b) types, amounts, and duration of service; and c) that program requirements were met.*

1. \_\_\_\_\_\_ **Intake form/Initial Assessment,** with entry date clearly documented.*(24 CFR 576.401(a))*
2. \_\_\_\_\_\_ **Documentation** that the client meets an eligible **definition of homelessness**. *(24 CFR 576.55(b))*

**Literally Homeless (category 1)**: Written observation by the outreach worker; or referral by another housing or service provider; or certification by the individuals or head of household seeking assistance stating that they were living on the streets or in a shelter. If the client has exited an institution they will need discharge paperwork or written/oral referral.

☐ **Fleeing or attempting to flee domestic violence (category 4)**: Certification by an intake worker that there was an oral statement by the client which states they are fleeing violence and have no subsequent residence.

1. \_\_\_\_\_\_ If there is no source documentation or third-party documentation, certification from the agency that efforts were made to obtain it. *(24 CFR 576.500(b))*
2. \_\_\_\_\_\_ An **income evaluation form establishing that the client earns less than 30% CMI.** The form must contain the minimum requirements specified by HUD and **corresponding source documents**. In the absence of source documentation, there may be third-party verification and in the absence of third-party verification there must be at least certification from the client. *(24 CFR 576.401)*
3. \_\_\_\_\_\_ The **types of services provided** are listed(ex. financial assistance, case mgmt) *(24 CFR 576.105 & 106)*
4. \_\_\_\_\_\_ Record of a **House Stability Plan** to assist the program participant to retain permanent housing after the assistance ends. *(24 CFR 576.401(eii))*
5. \_\_\_\_\_\_ Evidence that the client was informed of the agency’s **termination procedure** and any correspondence related to a termination proceeding, if applicable. *(24 CFR 576.56(a3))*
6. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database).
7. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*
8. \_\_\_\_\_\_ Evidence of a **case management meeting at least monthly**. *(24 CFR 576.401(ei))*
9. \_\_\_\_\_\_ If the client receives a year or more of assistance, **evidence of continued eligibility** which includes re-evaluation of income and other resources and support networks. *(24 CFR 576.401(b))*

**If Rental Assistance is Provided, include the following as well:**

1. \_\_\_\_\_\_ A copy of the **lease agreement.** *(24 CFR 576.106(g), 24 CFR 576.500(h))*
2. \_\_\_\_\_\_ The **amount and type of financial assistance** provided to the client, including, as applicable, the security deposit, rental assistance, and utility payments made on behalf of the client. *(24 CFR 576.500(f1)&(u))*
3. \_\_\_\_\_\_ Documentation of **payments made to landlords**. *(24 CFR 576.500(h))*
4. \_\_\_\_\_\_ Certification that assisted unit complies with **Rent Reasonableness.** *(24 CFR 982.507)*
5. \_\_\_\_\_\_Certification that assisted unit is at or below the **Fair Market Rent** for the area**.** *(24 CFR 982.503)*
6. \_\_\_\_\_\_ A Completed EHH Minimum **Habitability Standards** checklist.*(24 CFR 576.403)*
7. \_\_\_\_\_\_ If payment assistancelasts more than 100 days, the unit was built before 1978,and a child under 6 years of age or a pregnant woman is/will be in residence, demonstration that the **unit assisted is lead safe** and that the agency **followed lead-safe rules.** *(24 CFR 576.403(a))*
8. \_\_\_\_\_\_ **Rental Assistance Agreement** with the landlord outlining the terms of the assistance. *(24 CFR 576.106(e), 24 CFR 576.500(h))*

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