**EHH Client File Checklist**

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

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

**STREET OUTREACH**

Subject to the expenditure limit in § 576.100(b), ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

*In general, the client file must demonstrate (a) eligibility, (b) types, amounts, and duration of services, 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 are living on the streets or in any public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

☐ **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. \_\_\_\_\_\_ The **types of services provided** are listed (ex. engagement, case management, emergency health services, transportation) *(24 CFR 576.101(a))*
2. \_\_\_\_\_\_ 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))*
3. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database).
4. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*

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