

CoC PROGRAM MONITORING TOOL - AGENCY PERFORMANCE

SUB-RECIPIENT: _____
 GRANT #: _____
 PROJECT NAME: _____

DATE: _____
 GRANT PERIOD: _____
 PROJECT TYPE: _____

AGENCY REPORTING REQUIREMENTS 24 CFR § 578.33 (f)		YES	NO	N/A	COMMENTS/DOCUMENTATION
1	Was the most recent APR submitted in a timely manner?				
AGENCY PROGRAM REVIEW 24 CFR Subpart B § 578.7		YES	NO	N/A	COMMENTS/DOCUMENTATION
2	Is there an agency <i>written standards</i> and procedures for assessment, eligibility, outreach, intake, prioritizing individuals, and reassessing participants?				
3	Are all records regarding the program participant centrally located and secure? (24 CFR 578.103(b) & (c))				
4	Period of record retention: Are the records pertaining to the program participant's qualification for the CoC Program being retained for 5 years after the expenditure of all funds from the grant under which the program participant was served? (24 CFR 578.103(c)(1))				
5	Does the agency have a written policy identifying the involvement of homeless/ formerly homeless individuals on the board of directors or other equivalent policy making entity? (24 CFR 578.75 (g)(1)-(2))				
AGENCY PERFORMANCE MEASURES 24 CFR § 578.103(c)		YES	NO	N/A	COMMENTS/DOCUMENTATION
6	Will your project participants increase or maintain their total income (by at least 54%) or earned income (by at least 20%) during the grant period? If not, what actions are being taken to improve this outcome?				
7	Will at least 56% of your project participants have access to mainstream resources during the grant period? If not, what actions are being taken to improve this outcome?				
8	Will at least 80% of your project participants maintain housing stability at the end of the grant period? If not, what actions are being taken to improve this outcome?				
9	Is the number of participants currently being served consistent with the service number in the approved application? The sub-recipient must serve at least as many program participants as shown in its application for assistance (24 CFR 578.51(h)(3)).				
10	Are beds fully occupied? If no, what is the bed utilization rate? If not at capacity, what actions are being taken to improve this outcome?				

11	Does the project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? 24 CFR part § 578.23 (c)(iv)				
12	Are the project policies and practices consistent with the laws related to providing education services to individuals and families?				
13	Is there a policy in place to ensure that families with children under the age of 18 are not denied admission or separated when entering housing?				
14	Is there a written termination policy and does it provide for a formal process that recognizes the due process rights of individuals receiving assistance?				
HOUSING FIRST HUD NOFA CoC Application		YES	NO	N/A	COMMENTS/DOCUMENTATION
15	Does the project follow a "Housing First" approach?				
16	Does the project quickly move participants into permanent housing?				
17	Does the project ensure that participants are not screened out based on the following items:				
	a. Having too little or no income.				
	b. Active or history of substance abuse.				
	c. Having a criminal record with exceptions for state mandated restrictions.				
	d. History of domestic violence (e.g. lack of protective/restraining order, period of separation from abuser, or law enforcement involvement).				
18	Does the project ensure that participants are not terminated from the program for the following reasons?				
	a. Failure to participate in supportive services.				
	b. Failure to make progress on a service plan.				
	c. Loss of income or failure to improve income.				
	d. Being a victim of domestic violence.				
COORDINATED ENTRY SYSTEM 24 CFR § 578.7(a)(8)		YES	NO	NA	COMMENTS/DOCUMENTATION
19	Does this project participate in the CoC Coordinated Entry System?				
PRIORITIZING CHRONICALLY HOMELESS 24 CFR PARTS 578, 42 U.S.C. 11381 AND CPD-14-012		YES	NO	NA	COMMENTS/DOCUMENTATION
20	Does the project prioritize beds for use by the chronically homeless when beds become available?				

GENERAL OPERATIONS 24 CFR § 578.75 Sub-Part F Program Requirements		YES	NO	NA	COMMENTS/DOCUMENTATION
21	Does the agency have a written policy identifying the involvement of homeless/ formerly homeless individuals on the board of directors or other equivalent policy/decision making entity?				
22	Does the Agency document their compliance with the faith-based activities requirements under § 578.87(b)?				
23	Does the Agency offer religious activities separately, in time or location, from the CoC Program and services?				
24	Does the Agency ensures that participation in religious activities is voluntary for CoC program participants?				
25	Does the Agency discriminate against a prospective or active program participant on the basis of religion or religious belief?				
26	Does the Agency allow family members retain appropriate assistance after the death, incarceration or institutionalization for more than 90 days of qualifying household member?				

CoC PROGRAM MONITORING TOOL - PROGRAM REVIEW

SUB-RECIPIENT: _____
 GRANT #: _____
 PROJECT NAME: _____
 PARTICIPANT'S NAME: _____

DATE: _____
 GRANT PERIOD: _____
 PROJECT TYPE: _____
 CLIENT ID#: _____

PARTICIPANT ELIGIBILITY 24 CFR § 578.103 & 578.37(a)(1)(ii)(F)		YES	NO	N/A	COMMENTS/DOCUMENTATION
1	Is there a completed intake form for the client? Specify the type of (e.g., HMIS intake form, agency intake form, participant application, etc.).				
2	Is there a copy of ID (State issued ID, Driver's License, SS card, Birth Certificate for Children)?				
3	Is the program participant coming from the target populations (e.g., chronically homeless, youth, substance abuse, mentally disabled, domestic violence, veterans) identified and approved in the application?				
4	Does the program participant's intake form or assessment document that the individuals or families were homeless prior to entry?				
HOMELESS STATUS		YES	NO	N/A	COMMENTS/DOCUMENTATION
TYPE OF DOCUMENTATION 24 CFR § 576.500(c) & § 578.103					
5	Persons living on the street (and place meant for human habitation). Required for PH participants.	Written information obtained from third party regarding the participant's whereabouts, signed and dated.			
6	Persons coming from an emergency shelter for homeless persons	Written referral from the emergency shelter staff.			
7	Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter.	Written verification from the institution's staff that the participant has been residing in the institution for less than 90 days, and information on the previous living situation.			
8	Persons fleeing domestic Violence.	Written, signed, and dated verification from the participant. 578.103 (5)(i)			
9	Is the length and duration of homelessness documented to qualify a participant as chronically homeless? 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless is at least 12 months? (effective Jan. 15, 2016. Participants prior to this date do not need to meet this definition)				
10	Does the program participant file contain proof of disability of the homeless individuals or family members? (24 CFR 578.37 (a)(1)(i))				

11	Is the disability documentation signed and dated by a person credentialed to make a diagnosis?				
SUPPORTIVE SERVICES & CASE MANAGEMENT 24 CFR §578.53, §578.103(a)(7) & (9) & §578.75(e)		YES	NO	N/A	COMMENTS/DOCUMENTATION
12	Is there an initial Individual Service Plan (ISP) developed by the participant and Case Manager that includes goals and timeline for completion?				
13	Are the supportive services being provided (type and level of service) consistent with those described in the approved application? List the supportive services provided.				
14	Is there evidence of referrals to mainstream resources? (24 CFR 578.1(b)(3))				
15	Is there evidence of referrals to Affordable Healthcare?				
16	Is transportation assistance provided to clients to attend mainstream benefit appointments, employment training, or jobs?				
17	Is there evidence of at least annual assessment of service needs to ensure mainstream benefits are received and renewed? (24 CFR 578.53(a)(2)) & 578.75(e)				
INCOME DOCUMENTATION & RENT CALCULATION 24 CFR § 578.103 (a)(6)		YES	NO	N/A	COMMENTS/DOCUMENTATION
18	Is there a completed verification on all sources of income? (24 CFR 578.75 (c)(3))				
19	Is the rent charged accurately calculated, including deductions and utility allowances, if applicable? (24 CFR 578.77(b)(4))				
20	Does the agency charge fees other than the rent or occupancy charges? (24 CFR 578.77(b))				
DOCUMENTATION OF TERMINATION 24 CFR § 578.91 (a)(b)(c)		YES	NO	N/A	COMMENTS/DOCUMENTATION
21	Has the participant been terminated from the program? Describe the reason for termination				
22	Was due process applied on the participant's termination?				
23	If the participant left the program, is there evidence of his/her request and destination?				
24	Did the participant go to permanent housing at exit?				
25	Does the agency conduct exit survey or interview with clients? If not, describe how client feedback is obtained.				
HOUSING QUALITY STANDARDS 24 CFR § 578.103 (a)(8) & § 578.73		YES	NO	N/A	COMMENTS/DOCUMENTATION
26	Is there a completed HQS Move-in Inspection?				
27	Is there a completed HQS annual Inspection?				

28	If a lead based inspection was required, was it completed? (Required: Households with a pregnant or 6 years of age or under member)				
29	Do program participants have a lease or occupancy agreement? (24 CFR 578.51(L)(2))				
RAPID REHOUSING ONLY 24 CFR § 578.103 (a)		YES	NO	N/A	COMMENTS/DOCUMENTATION
30	How long is the rental assistance provided for? (24 CFR 578.37 (a)(1)(ii)(A)-(C))				
31	Is there a lease agreement under the participant's name with a term of at least 12 months?				
32	Did the project conduct a re-assessment, at least once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance?				
33	Is there an updated individual service plan that document the re-assessment? (24 CFR 578.53(b)(4))				
TRANSITIONAL HOUSING ONLY 24 CFR § 578.79		YES	NO	N/A	COMMENTS/DOCUMENTATION
34	Do program participants have a lease or occupancy agreement for a term of at least one month that is automatically renewable upon expiration and may not exceed 24 months? (24 CFR 578.51(L)(2))				
35	Do the entry-exit dates shown in the participant files indicate that the participants exceed the 24-month limitation of stay?				
36	If the participant's stay is longer than 24 months, is there documentation on the need for extended program participation? (24 CFR 578.79)				

Resident Rent Calculation Worksheet

(1)			Annual Income from all sources
(2)			Income Exclusions
(3)	\$	-	Annual Income

Calculating Adjusted Income

Dependent Allowance

(4)			Number of Dependents
(5)	\$	-	Multiply Line 4 by \$480

Child Care Allowance

(6)			Anticipated Unreimbursed Expenses for Care of Children
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Disabled Assistance Allowance

(7)			Disabled Assistance Expenses
(8)	\$	-	Multiply Line 7 by 0.03
(9)	\$	-	Subtract Line 8 from Line 7
(10)			Family Member Earnings which were dependent on the disabled assistance expenses
(11)	\$	-	Lesser of Lines 9 or 10

Medical Expenses/Elderly Family Allowances

(12)			List Total for Medical Expenses
(13)	\$	-	If Line 9>0, enter amount from Line 12, otherwise add Line 7 and 12 and subtract Line 8.
(14)			Elderly/Disabled Allowance (Enter \$400, if applicable)

Adjusted Income

(15)	\$	-	Total Income Adjustments (Add Lines 5, 6, 11,13, and 14)
(16)	\$	-	Adjusted Income (Subtract Line 15 from Line 3)

Resident Rent Determination

(17)	\$	-	30% of Monthly Adjusted Income (Divide Line 16 by 12 and multiply by 0.3)
(18)	\$	-	10% of Monthly Income (Divide Line 3 by 12 & multiply by 0.1
(19)			Portion of welfare payment designated by the agency to meet the family's housing cost, if applicable.
(20)	\$	-	Enter the Largest of Lines 17, 18 or 19. This is the Maximum amount per month that may be charged for resident rent.

Determining Resident Rent for Units where Utilities are not included in Rent

(21)			Utility Allowance
(22)	\$	-	Resident Rent (Subtract Line 21 from Line 20)
(23)	\$	-	Utility Reimbursement (Only if Line 22<0, This is the amount that must be paid to the resident as a utility reimbursement.)