

# CoC Program Monitoring Tool

Sub-recipient:

Grant Period:

Date:

Project Type:

Project Name:

Participant Eligibility	YES	NO	N/A	Follow Up	Done	Notes
Is there a completed intake form for the client? Specify the type (e.g. HMIS intake form, agency intake form, participant application, etc.)						
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?						
Does the program participant's intake form or assessment document that the individuals or families were homeless prior to entry? *See homeless documentation checklist						
Is there a copy of ID (state issued ID, Driver's License, SS card, Birth Certificate for Children)?						
Is there documented evidence of either an acceptance or denial letter, acknowledged by the agency and the participant?						
Homeless Status&Documentation	YES	NO	N/A	Follow Up	Done	Notes

---

Does the participant file contain a completed Homeless Verification Form, including all necessary documentation?

---

Is the length and duration of homelessness documented to qualify a participant as chronically homeless, if applicable?

---

Does the program participant file contain proof of disability of the homeless individuals or family members?

---

Supportive Srvs&Case Mngmnt	YES	NO	N/A	Follow Up	Done	Notes
-----------------------------	-----	----	-----	-----------	------	-------

---

Is there evidence of referrals to mainstream resources (i.e., CalFresh, CalWorks, WIC, etc.)?

---

Are the supportive services being provided (type and level of services) consistent with those described in the approved application? List the supportive services provided

---

Is transportation assistance provided to clients to attend mainstream benefit appointments, employment training or jobs?

---

Do project participants have access to SSI/SSDI technical assistance provided by the applicant, sub-recipient. or partner agency?

---

---

Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

---

Is there evidence of at least annual assessment of service needs to ensure mainstream benefits are received and renewed?

---

If annual assessments were conducted, was any new/updated information entered into HMIS in a timely manner (within 3 days of assessment)?

Income Documentation & Rent	YES	NO	N/A	Follow Up	Done	Notes
-----------------------------	-----	----	-----	-----------	------	-------

Is there a completed verification of all sources of income? \*See attached Rent Calculator Sheet

---

Is the rent charged accurately calculated, including deductions and utility allowances, if applicable?

---

Does the agency charge fees other than the rent or occupancy charges?

---

Have at least 50% of persons 18 and older maintained or increased their income (from all sources) at the end of the operating year or at program exit?

---

PSH Programs: Have at least 15% of adults maintained or increased their earned income (from employment) as of the end of the operating year or program exit?

---

---

**RRH & TH Programs: Have at least 30% of adults maintained or increased their earned income (from employment) as of the end of the operating year or program exit?**

<b>Documentation of Termination</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Follow Up</b>	<b>Done</b>	<b>Notes</b>
-------------------------------------	------------	-----------	------------	------------------	-------------	--------------

Has the participant been terminated from the program? Describe the reason for termination

---

Is the participant made aware of due process procedure upon enrollment into the program?

---

Was due process applied on the participant's terminations?

---

If the participant left the program, is there evidence of his/her request and destination?

---

Did the participant go to permanent housing at exit?

---

Does the agency conduct an exit survey or interview with clients? If not, describe how client feedback is obtained

<b>Housing Quality Standards</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Follow Up</b>	<b>Done</b>	<b>Notes</b>
----------------------------------	------------	-----------	------------	------------------	-------------	--------------

Is there a completed HQS Move-In Inspection?

---

---

Is there a completed HQS Annual Inspection?

---

Does the program have staff who are knowledgeable about HUD' lead-based paint regulations and EPA's RRP Rule?(See info on lead-based paint)

---

**Rapid Rehousing Only**

**YES**

**NO**

**N/A**

**Follow Up**

**Done**

**Notes**

---

How long is the rental assistance provided for?

---

Is there a lease agreement under the participant's name with a term of at least 12 months?

---

Were program participants allowed to choose housing of an appropriate size in which to reside?

---

Does the project require participants to meet with a case manager at least once per month to assist the participant in ensuring long-term housing stability?

---

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 CoC assistance?

---

Did the agency meet the requirement to conduct an annual assessment of the service needs of all program participants and adjusted services as necessary?

---

---

**Did a household that was assisted with tenant-based rental assistance move outside of the geographic area for the household's health and safety based on the household's reasonable belief that they were imminently threatened for further domestic violence, dating violence, sexual assault, or stalking ?**

---

**b. If so, do records document that the household complied with all program requirements during their residency and were at imminent risk of further harm?**

---

**Did the median length of stay for leavers decline by at least 10% less than the previous year?**

---

**Did the agency meet the requirement to provide tenant-based rental assistance that did not exceed 24 months per household?**

---

**Did the agency meet the requirement that program participants receive supportive services for no more than 6 months after rental assistance ended?**

---

---

Did the agency meet the requirement to expend grants funds for only supportive services, tenant-based rental assistance, administration, or relocation, and only if the grant agreement provided funds for those costs?

---

For rental assistance paid, did the agency determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units? \*see rent reasonableness form

Transitional Housing Only	YES	NO	N/A	Follow Up	Done	Notes
---------------------------	-----	----	-----	-----------	------	-------

Do the 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?

---

Do the entry-exit dates shown in the participant files indicate that the participants do not exceed the 24-month limitation of stay?

---

If the participant's stay is longer than 24 months, is there documentation on the need for the extended program participation?

---

---

**Did the agency meet the requirement to provide services to former residents of transitional housing for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living?[24 CFR 578.53(a)(3); 24 CFR 578.103(a)(17) ]**

---

**Did the median length of stay for leavers decline by at least 10% less than the previous year?**

---