



DV RRH File Checklist

Participant Name: _____ HMIS # _____

Homelessness Verification Date _____ Enrollment Date: _____ Inspection Date _____

Lease Signing Date: _____ Move-In Date: _____ Annual Assessment Due _____

Exit Date: _____

COORDINATED ENTRY

- 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 Form 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
- 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 (attached together in the file)

- Agency internal requests initiating payment of rent or other assistance.
- Rent Calculation form for initial payment *and* all subsequent rent calculation updates.
- Third party verification of income used to calculate subsidy OR Zero income form.
- Verification that the rent or other service was paid by agency.

EXIT

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



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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

- Unit re-inspection
- 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 and states that it is automatically renewable?
- 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?