

# 2018 CONTINUUM OF CARE EVALUATION & MONITORING FORM

**Instructions:** Please complete this form. All forms and attachments must be received electronically before the date of monitoring to [melinda.bonds@hotrmhmr.org](mailto:melinda.bonds@hotrmhmr.org). A separate form must be completed for EACH HUD CoC Program project. Participant files will be reviewed at monitoring visit. Please bring 4 currently enrolled participant charts and 2 discharged participant charts to be reviewed for each project. Please direct all questions to: [melinda.bonds@hotrmhmr.org](mailto:melinda.bonds@hotrmhmr.org) or [nicolew@wacotx.gov](mailto:nicolew@wacotx.gov).

Agency Name: \_\_\_\_\_

Project Name & Grant ID: \_\_\_\_\_

Project Type:     PSH             RRH             TH-RRH             TH             SSO

Monitoring Date: \_\_\_\_\_

Contract Year Monitored: \_\_\_\_\_

Project Address(es): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please answer the following questions about the project during the Operating Year covered by you most recently submitted HUD APR:

## **Project Summary**

Please provide a brief program summary including information about the specific services or operations for which the McKinney-Vento funding was used. Describe the population served, the specific services or operations for which the CoC funding was used for, and whether the project is dedicated or prioritizing Chronic Homeless persons.

How many chronically homeless persons did this project serve during this reporting period? \_\_\_\_\_

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## Section I – Eligibility, Prioritization & Methodology

1. **Coordinated Entry.** Does the project participate in the CoC Coordinated Entry System? Yes No N/A

Comment:

2. **Housing First.** How are Housing First principles applied in this project?

3. **Case Management Methodology.** Describe how project assesses client needs, sets client centered goals, and meets project objectives. Include information about what tool is used, how services are made available to participants and how the project helps households work towards and achieve self-sufficiency.

4. **Eligibility.** Does the project ensure that participants are not screened out based on the following items?

a. Having too little or no income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Active or history of substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Having a criminal record with exception for state mandated restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. History of domestic violence (e.g. lack of protective/restraining order, period of separation from abuser, or law enforcement involvement.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comment:

5. **Termination.** Is there a written termination policy?  Yes  No

6. Does the project ensure that participants are not terminated from the program for the following reasons?

a. Failure to participate in supportive services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Failure to make progress on a service plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Loss of income or failure to improve income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Being a victim of domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comment:

7. Is the number of participants currently being served consistent with the service number in the approved application? (24 CFR 578.51 (h)(3))  Yes  No

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### SECTION II – Performance Measures & Outcomes

Project Data – ATTACH most recent project APR (these are the measures scored during NOFA season)		
8. Was the most recent APR submitted in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
Measure	Result	Explanation if necessary
9. Occupancy/Average Daily Unit Utilization Rate on most recent APR		If below 65% please explain why and describe plans for improvement. If over 100% please explain why.
10. % of participants who increased or maintained earned income from entry to exit		If below 20% please explain why and describe plans for improvement.
11. % of participants who increased or maintained other (non-employment) income from entry to exit		If below 30% for PSH or below 50% for RRH/TH please explain why and describe plans for improvement.
12. % of participants with earned income		If below 20% for PSH or below 50% for RRH/TH please explain why and describe plans for improvement.
13. % of participants with income other than employment		If below 20% for PSH or below 30% for RRH/TH please explain why and describe plans for improvement.
14. % of participants who remained in PSH or exited to permanent housing		If below 80% please explain why and describe plans for improvement.
15. Leavers who exited to shelter, streets, or unknown		If above 10% please explain why and describe plans for improvement.
16. % of entries from literal homelessness		If below 80% please explain why and describe plans for improvement.
17. % of participant entries with no income		If above 45% please explain why and describe plans for improvement.

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### SECTION III – Budget, Match, Leverage, & Grant Administration

<b>BUDGET – ATTACH last recapture or unexpended funds letter</b>			
18. Check applicable budget line items that utilize HUD funds and matching funds.	<b>ATTACH current project budget approved by HUD</b>	<b>Budget</b> <input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Services <input type="checkbox"/> HMIS <input type="checkbox"/> Administration	<b>Match</b> <input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Services <input type="checkbox"/> HMIS <input type="checkbox"/> Administration
19. What was the total award amount?			
20. What was the total award amount expended?			
21. How frequently do you drawdown funds from HUD for this project?		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
22. Identify how your project identifies and tracks leverage.	Please explain:		

### SECTION IV – Policies & Procedures

<b>POLICY AND PROCEDURE</b>		
23. Are there agency written standards and procedures for assessment, eligibility, intake, prioritization of those who are chronically homeless, and documenting homelessness status?	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
24. A. If project receives leasing or rental assistance funding, does agency have written policy for HQS inspections and does it complete inspection prior to move-in and annually? If Project is CoC RRH, does it follow TPCH Written Standards? 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8)  B. If project receives leasing or rental assistance funding, does project ensure access to housing regardless of race, color, religion, sex, gender identify, sexual orientation, disability, familial status, limited English proficiency, or national origin? (24CFR 5.105(a))	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
25. If project serves families or youth, does agency have a policy and designated staff person to be responsible for ensuring that children being served in the project are enrolled in school and connected to appropriate services in the community? 24 CFR § 578.23(c)(4) (iv)	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No or N/A, please explain:
26. Does project receive client/consumer feedback regarding outcomes and project performance? (Agency survey accepted if it addresses housing.)	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Please explain:

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27. Is there at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity? 24 CFR § 578.75(g)(1)	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
28. Does the project involve homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 CFR § 578.75 (g)(2)	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
29. The project has a general conflict-of- interest policy for staff and Board members. 24 CFR § 578.95(c); 24 CFR § 578.103(a)(11)	<b>ATTACH sample</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
30. Are all records regarding program participant centrally located and secure? 24 CFR § 578.103 (b) & (c)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
31. 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
32. Does the agency document their compliance with the faith-based activities requirements under 24 CFR § 57.87 (b)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
33. Does the agency offer religious activities separately, in time or location, from the CoC Program and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
34. Does the agency ensure that participation in religious activities is voluntary for CoC program participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
35. Does the agency discriminate against prospective or active program participants on the basis of religion or religious belief?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:
36. Does the agency allow family members retain appropriate assistance after the death, incarceration, or institutionalization for more than 90 days of qualifying household member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
37. RRH only: Is it demonstrated through the policies and procedures that rapid rehousing rental assistance is limited to no more than 24 months? [24 CFR 578.37(a)(1)(ii)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No, please explain:

***HMIS Monitoring will be conducted separately by HMIS Lead and will include evaluation of data quality.***

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## SECTION V – Additional Information Provided by Agency

*All information on this form is true and accurate to the best of my knowledge.*

Prepared by: \_\_\_\_\_  
Name and Title Date

(If different from contact, at top) \_\_\_\_\_  
Email Address Phone Number

Signature & Title of Executive Director \_\_\_\_\_

Please rename this form for your project and send the renamed form as an email attachment, along with all other documentation requested. If your agency does not have access to a scanner, please return this (and all other documents) by email with names and titles typed in, but also print, sign and mail a paper copy of this form for **HOTHC** records. Please complete and email copy to Melinda Bonds prior to monitoring review of participant files. Participant files will be reviewed at monitoring visit. Please bring 4 currently enrolled participant charts and 2 discharged participant charts (discharged within the last 12 months) for each project to be reviewed. After review, the CoC Committee of HOTHC will contact you if any they have any further questions or require more information. Thank you, and feel free to contact Nicole Wiscombe or Melinda Bonds with any questions. Email to form to: [melinda.bonds@hotrmhmr.org](mailto:melinda.bonds@hotrmhmr.org).

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**\*BELOW TO BE COMPLETED AT MONITORING REVIEW BY CoC Committee\***

**PARTICIPANT FILE REVIEW**

<b>PARTICIPANT ELEGIBILITY</b> <b>24 CFR § 578.103 &amp;</b> <b>578.37(a)(1)(ii)(F)</b>	1	2	3	4	5	6	<b>Comments/Documentation</b>
	Client Number or Initials						
	#	#	#	#	#	#	
	Enrolled Participants				Discharged Participants		
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.).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Is there a copy of ID (State issued ID, Driver's License, SS card, Birth Certificate for Children)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Does the program participant's intake form or assessment document that the individuals or families were homeless prior to entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Homeless Status	Type of Documentation	1	2	3	4	5	6	Comments/Documentation
24 CFR § 576.500(c) & § 578.103								
5. Persons living on the street (and place meant for human habitation). Required for PH participant.	Written information obtained from third party regarding the participant's whereabouts, signed and dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Persons coming from an emergency shelter for homeless persons.	Written referral from the emergency shelter staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Persons fleeing domestic violence.	Written, signed, and dated verification from the participant. 578.103 (5)(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Does each participant file contain verification of homelessness or chronic homelessness status at time of project entry? (24 CFR § 578.103 (a)(30); 24 CFR § 576.500(b))		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



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10. 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
11. Does the program participant file contain proof of disability of the homeless individuals or family members? (24 CFR 578.37 (a)(1)(i)) (Required for PSH)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
12. Is the disability documentation signed and dated by a person credentialed to make a diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
<b>Supportive Services &amp; Case Management 24 CFR §578.53, §578.103(a)(7) &amp; (9) &amp; §578.75(e)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Comments/Documentation</b>
13. Is there an initial Individual Service Plan (ISP) developed by the participant and Case Manager that includes goals and timeline for completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
14. Are the supportive services being provided (type and level of service) consistent with those described in the approved application? List the supportive services provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
15. Is there evidence of referrals to mainstream resources? (24 CFR 578.1(b)(3))	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

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16. Is there evidence of referrals to Affordable Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
17. Is transportation assistance provided to clients to attend mainstream benefit appointments, employment training, or jobs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
18. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
19. Are recipients conducting an annual assessment of the services needs of the participants and adjusting the services accordingly? [24 CFR 578.53 (a)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
<b>Income Documentation &amp; Rent Calculation 24 CFR § 578.103 (a)(6)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Comments/Documentation</b>
20. Is there a completed verification on all sources of income? (24 CFR 578.75 (c)(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
21. Is the rent charged accurately calculated, including deductions and utility allowances, if applicable? (24 CFR 578.77(b)(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	
22. Does the agency charge fees other than the rent or occupancy charges? (24 CFR 578.77(b))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	Yes	Yes	Yes	Yes	Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	No	No	No	No	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	N/A	N/A	N/A	N/A	N/A	

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<b>Documentation of Termination 24 CFR § 578.91 (a)(b)(c)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Comments/Documentation</b>	
23. Has the participant been terminated from the program? Describe the reason for termination.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
24. Was due process applied on the participant's termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25. If the participant left the program, is there evidence of his/her request and destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26. Did the participant go to permanent housing at exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
27. Does the agency conduct exit survey or interview with clients? If not, describe how client feedback is obtained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## 2018 CONTINUUM OF CARE EVALUATION & MONITORING FORM

Housing Quality Standards 24 CFR § 578.103 (a)(8) & § 578.73	1	2	3	4	5	6	Comments/Documentation	
28. Is there a completed HQS Move-in Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
29. Is there a completed HQS annual Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30. If a lead based inspection was required, was it completed? (Required: Households with a pregnant or 6 years of age or under member)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
31. Do program participants have a lease or occupancy agreement? (24 CFR 578.51(L)(2))	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rapid Re-Housing Only 24 CFR § 578.103 (a)	1	2	3	4	5	6	Comments/Documentation	
32. How long is the rental assistance provided for? (24 CFR 578.37 (a)(1)(ii)(A)-(C))	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
33. Is there a lease agreement under the participant's name with a term of at least 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## 2018 CONTINUUM OF CARE EVALUATION & MONITORING FORM

34. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
35. Is there an updated individual service plan that document the re-assessment? (24 CFR 578.53(b)(4))	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
<b>Transitional Housing Only 24 CFR § 578.79</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Comments/Documentation</b>
36. 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))	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
37. Do the entry-exit dates shown in the participant files indicate that the participants exceed the 24-month limitation of stay?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
38. If the participant's stay is longer than 24 months, is there documentation on the need for extended program participation? (24 CFR 578.79)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
<b>Permanent Supportive Housing Only</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Comments/Documentation</b>
39. Is their evidence in the records that participants are receiving appropriate supportive services throughout the duration of their residence in the project? [24 CFR 578.37(a)(1)(i)]	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	