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| --- | --- |
| **Agency Name:** |  |
| **Program Name:** |  |
| **Program Component:** |  |
| **Funding Source: (check both if applicable)** | CoC  ESG |
| **Grant Identification #** |  |
| **Operating Year:** |  |
| **Program Type:** | Emergency Shelter  Outreach  Transitional Housing  Rapid Re-Housing  Permanent Supportive Housing  Support Services Only  HMIS |
| **Grant Amount** | Acquisition/Rehab/Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rental Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leasing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Support Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HMIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Performance Scores** |  |
| **Agency Representative(s) at review** |  |
| **Review Date:** |  |
| **HAWNY Staff at review:** |  |

| Assessment | Yes | No | Action Needed |
| --- | --- | --- | --- |
| HMIS Privacy/Security: | | | |
| 1. HMIS Participation Consumer Notice is posted in a conspicuous location |  |  |  |
| 2. Does the agency have a client privacy policy |  |  |
| 1. If yes, are all employees trained to follow policy? |  |  |
| 3. Does the agency have policies/procedures that address the following: | | |
| 1. Use of client data generated from the HMIS |  |  |
| 1. Client information storage and disposal |  |  |
| 1. Remote access and use of HMIS |  |  |
| 1. Use of portable storage tools |  |  |
| 4. Hard Copy Data Security; Spot check demonstrates: | | |
| 1. Client files are locked in a drawer or file cabinet |  |  |
| 1. Offices are locked when not occupied |  |  |
| 1. Client files are not visible on desks, counters, etc. |  |  |
| 5. Agency uses a Privacy Script to standardize the explanation of agency/HMIS privacy rules to clients |  |  |
| 6. Client Consent and Release of Information (ROI) | | |
| 1. The Client Consent and Release of Information correctly addresses the agency’s level of sharing |  |  |
| *(HAWNY Only) Is agency in correct sharing group?*  *What is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ☐ | ☐ |
| *(HAWNY Only) Does agency have up to date sharing agreement? If not, complete new one.* | ☐ | ☐ |
| 1. Agency collects Client Consent and Release of Information for all program participants |  |  |
| 1. Client Consent and Release of Information conforms with the sample Bas-Net form |  |  |
| 1. If data sharing takes place, client consent for the sharing of confidential information is collected from applicable clients |  |  |
| 1. From a random sample of ROI’s; paper releases are consistent with the electronic releases in HMIS |  |  |
| 7. Agency has a procedure to assist clients who are hearing impaired or do not speak English as a primary language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| HMIS Work Station Security | | | |
| 1. Have anti-Virus and anti-spy protection software |  |  |  |
| 1. Most recent Windows updates have been downloaded   Date of last update: |  |  |
| 1. Have firewall to protect internal network servers and local user computers |  |  |
| 1. All workstations in secured location (locked offices) |  |  |
| 1. Workstations are using lock screen savers |  |  |
| 1. All workstations are password protected |  |  |
| Notes: |  |  |  |
| HMIS Data Intake and Exit | | | |
| 1. If using paper, the intake data collection forms correctly align with the newest intake form |  |  |  |
| 1. 100% of clients are entered into the system within 72 hours of intake |  |  |
| 1. For informational purpose only, does the agency perform real time data entry? |  |  |
| 1. Agency has a process to ensure the First and   Last Names are spelled properly and the  DOB is accurate.  Describe process: (is it documented and all staff are informed?)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. If applicable, are data fields being updated correctly at entry? (I.E. Residence Prior, Last approx date, etc…) |  |  |
| 7. Disability, Income, health insurance, and non-cash benefits are being updated at least annually and at exit |  |  |
| 8. Agencies have an organized exit process that includes: | | |
| 1. Proper procedure to communicate discharge destination |  |  |
| 1. Evidence exists that discharge destination data is properly being entered into the HMIS |  |  |
| 1. Agencies are actively monitoring program participation and exiting clients. Clients are exited in HMIS within 30 days of last contact unless program guidelines specify otherwise. |  |  |
| Notes: | | | |
| Program Specific Information | | | |
| 1. Agency collects homeless documentation |  |  |  |
| 1. If serving chronically homeless, documentation of chronic homelessness is in file |  |  |
| 1. Does program participate in Coordinated Entry? |  |  |
| If not, why? | | |
| 1. Does program have unit inspection/habitability policy in place? |  |  |
| 1. Are there specific other eligibility requirements for the program? |  |  |
| 1. If yes what are they? | | |
| 1. Is this an RRH program? |  |  |
| * 1. Is AMI calculated? |  |  |
| * 1. Is rent reasonableness calculated? |  |  |
| * 1. Is income documentation collected? |  |  |
| * 1. Lease and rental agreements collected? |  |  |
| * 1. Any clients served over 2 years? |  |  |
| 1. Does another individual review data or maintain other records than what’s in HMIS? |  |  |
| 1. If yes, what types of records are maintained and who is responsible for maintaining them? | | |
| 1. Is this a Transitional Housing Program? |  |  |
| 1. If yes, are there participants who stay in the program longer than 24 months? |  |  |
| 1. Is there documentation in the file to support the extended length of stay in the program? |  |  |
| 1. Are more than 50% of the participants staying longer than 24 months? |  |  |
| 1. Is this a Permanent Supportive Housing Program? |  |  |
| 1. If yes, are there policies/procedures in place to ensure that turnover beds are being prioritized for the chronically homeless? |  |  |
| 1. is there documentation of disability signed by an appropriate credentialed person? |  |  |
| 1. Does program support Housing First policy?   If not, why? |  |  |
| Financial Documentation | | |
| 1. Does project receive CoC funding? | ☐ | ☐ |
| If Yes, Attach a CoC funding budget outline that includes any match and leveraging used. | | |
| 1. Fiscal Management/Policies in place? | ☐ | ☐ |
| 1. Does the grantee have written procedures covering the recording of transactions, an accounting manual and a chart of accounts? (If so, the reviewer may want to attach a copy to this Exhibit, if feasible.)   [24 CFR 576.57(b); 24 CFR 85.20] | ☐ | ☐ |
| 1. If the grantee has a written policy manual, does it provide guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?   [24 CFR 576.57(b); 24 CFR 85.20] | ☐ | ☐ |
| 1. Does the grantee have written procedures regarding the maintenance of accounting records for the required number of years?   [24 CFR 576.57(b); 24 CFR 85.20] |  |  |
| 1. Are the grantee’s fiscal records and valuables secured in a limited-access area?   [24 CFR 576.57(b); 24 CFR 85.20] |  |  |
| 1. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?   [24 CFR 576.57(b); 24 CFR 85.20] |  |  |
| 1. Does the grantee have written policies for procurement? If the Agency has written policies, obtain copy for the files; otherwise, describe the Agency’s policy. |  |  |
| 1. Has the grantee developed standards for avoiding conflict of interest in carrying out activities funded by federal grants dollars? |  |  |
| 1. Are applicable employees required to sign a statement indicating that they have read the policy and will comply? If yes, obtain copy for the files; otherwise, describe the Agency’s policy. |  |  |
| 1. Audited Financial Statements |  |  |
| 1. A copy of most recent audited financial statement has been reviewed |  |  |
| 1. Did the agency expend more than $500,000 in federal grant funds? If yes, a Single Audit report is required. |  |  |
| 1. If applicable, has the Single Audit report been reviewed? |  |  |
| Other Requirements | | | |
| 1. Documentation that there is a homeless/formerly homeless persons on Board or involved in other policy making group is available. |  |  |  |
| 1. Participants are not charged program fees |  |  |
| 1. Program has a formal procedure in place for terminating assistance to participants that follows due process of law |  |  |
| 1. Does program follow HUD eviction policies? |  |  |
| 1. Does discharge policy follow housing first? |  |  |
| 1. If clients have been terminated, does a review of these client files show that minimum due process requirements for termination were followed? |  |  |
| 1. Is this a religious or faith-based organization? |  |  |
| 1. Are participants required to participate in inherently religious activities? |  |  |
| 1. Is the facility the primary place of worship? |  |  |
| 1. Can participants be denied benefits/services based on their religion? |  |  |
| 1. Programs That Serve Households with Children | | |
| 1. A staff person is designated as the educational liaison that will ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Act |  |  |
| 1. The age and gender of a child under age 18 must not be used as a basis to for denying any family’s admission to the program |  |  |
| 1. Are there sufficient outreach procedures in place to ensure that information about the program is able to reach persons of any race, color, religion, sex, age, national origin, familial status or handicap who may qualify for admission to the program? |  |  |
| 1. Is there evidence of the recipient’s adoption and implementation of procedures to make available information on the existence and locations of facilities and services that are accessible to persons with a handicap? |  |  |
| 1. Does the recipient have written policies to comply with non-discrimination, Equal Opportunity, Equal Access, & Fair Housing regulations in the provision of services? |  |  |

**Notes/Comments:**

**Preliminary Discussions with Management Held On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topics discussed:**

**Report Sent to Agency on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Response Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Findings Cleared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**