

## HOPWA CLIENT FILE REVIEW FORM

AGENCY: \_\_\_\_\_

FILE #: \_\_\_\_\_

CRITERIA	SATISFIED?		NOTES
1. Case notes are timely, legible and complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
2. HIV-positive status is documented.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
3. Signed and completed HOPWA application is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
4. Description of client's emergency situation and housing plan are fully documented on the Emergency Worksheet and reassessed each time the client applies for Emergency Assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
5. Client's application is updated annually for Rental Assistance or every time the client's financial or household composition changes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
6. Appropriate section on Rental or Emergency Assistance Worksheet calculated correctly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
7. Correct backup documents (lease agreements, mortgage statement, and/or utility bills) is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
8. Rental/Emergency Assistance Worksheet is signed by the client and the case manager.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
9. Client's gross income calculated correctly on the Gross Income Worksheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
10. Client's adjusted income calculated correctly on the Adjusted Income Worksheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
11. Supporting documents verifying income are present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
12. Termination Form completed correctly each time client leaves the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
13. Notice containing a clear statement of the reason for termination was provided to the client, if client was terminated for violating program requirements or conditions of occupancy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
14. Case management and supportive services offered to client.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
15. Acknowledgment of receipt of the Lead-Based Paint and Fair Housing pamphlet is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
16. Housing Quality Standards inspection has been performed and documented if client is certified for Rental Assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
17. A hard-wired or battery operated smoke detector is installed in client's residence; or for Emergency Assistance, a signed client acknowledgment is on file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
18. Client Rights and Responsibilities Statement is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
19. Client Housing Plan is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
20. Consent to Release and/or Obtain Confidential Information is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
21. EID documentation and tracking is present, as needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
22. Client File Contents Checklist is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	

<b>FILE FORMAT</b>			
One record/file per client	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Record is legible and in a consistent format	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Client name is on all records	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Staff sign name on all entries in the client record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
<b>DOCUMENTATION OF SERVICE</b>			
<b>TYPE OF SERVICE</b>	<b>DOCUMENTED?</b>		<b>NOTES</b>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	