

CDBG Monitoring Public Service Projects
Participant File Review

Program Participant Name		Individual Client Eligibility Form in File (Y/N; if N, make note)	If Presumed Benefit, Indicate Type (Elderly/Disabled/Homeless/Abused)	Age of Client at intake	Presumed Benefit Status Verified	Elderly Verified	Disability Verified	Self-Declaration Housing Status	Certification of Zero Income	Race and Ethnicity Information	Proof of Residency in Pasadena	File Documentation & Reported Client Data Accurate (Y/N; if N make notes)	Participant's File Notes:
EX	John Smith	Y/N	Elderly	65	Y	X		X		HIWHITE	Y/N	Y/N	Residency verified by Driver's License
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Name of Agency _____

Ord. Number _____

Name of Program _____

IDIS Number _____