EMERGENCY SHELTER CLIENT FILE CHECKLIST
For Emergency Solutions Grants

Program Participant Name	HMIS/Identifier #

Program Entry Date	Program Exit Date

Client Beneficiary Data			
Head of Household:	☐ Male ☐ Female	Number of Persons in Household:	
Annual Household Income:		Is Household Income less than 30% AMI:	☐ Yes ☐ No
Age:		Sex:	☐ Male ☐ Female ☐ Transgender
Ethnicity:	☐ Hispanic ☐ Non-Hispanic	Race:	☐ White ☐ Black/African American ☐ Asian ☐ American Indian, Alaskan Native, or Indigenous ☐ Native Hawaiian or Pacific Islander ☐ Multiple Races
Disabled:	☐ Yes ☐ No	Homeless:	☐ Yes ☐ No

ESG funds may be used to provide essential services, including case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Shelter Operations, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available, eligible costs may also include a hotel or motel voucher for that family or individual. See 24 CFR 576.102.

Note: Per 24 CFR 576.403, emergency shelters must meet minimum safety, sanitation and privacy standards. Therefore, habitability inspections must occur in September of

		each year.
1		**Documentation of program enrollment in HMIS** or comparable database (24 CFR 576.400(f)).
2		**Evidence of Centralized or Coordinated Intake Form/Initial Assessment** identifying client's most pressing needs. Must be dated within 1 week of entry date. (24 CFR 576.401(a) and 24 CFR 576.500(g)). *All of the following must be explained/provided to client at project entry.* ☐ Grievance and Termination Policy ☐ Program Rules ☐ Right to Fair Housing ☐ "Protect Your Family From Lead in Your Home" Pamphlet ☐ HMIS/Comparable Database Release of Information or equivalent form
3		**ESG Verification of Homeless Status Form** with supporting documentation outlined in 24 CFR 576.500(b) ☐ Literally Homeless (Category 1 Homeless) ☐ At Imminent Risk of Homelessness (Category 2 Homeless) ☐ Youth or Families with Children (Category 3 Homeless) ☐ At Risk of Fleeing or Attempting to Flee Domestic Violence (Category 4 Homeless) ☐ At Risk of Homelessness *Verification of Homeless Status included in City forms under* https://www.pasadenatx.gov/280/Subrecipient-Organization-Information
4		**Record of ESG Services provided** while in Emergency Shelter Program (24 CFR 576.102(a)(1) & 576.500(l))

		Essential Services ☐ Shelter Stay ☐ Motel Voucher ☐ Case Management ☐ Transportation ☐ Childcare ☐ Education Services ☐ Substance Abuse Treatment Services ☐ Employment assistance/job training ☐ Outpatient Health Services ☐ Legal Services ☐ Life Skills Training ☐ Mental Health Services
5		**Documentation of referral and connection** to homeless and mainstream services (24 CFR 576.401(d)). *Must show that the referral/connection(s) occurred while the client was in the program. Optional Referral Tracking Tool included in City forms under* https://www.pasadenatx.gov/280/Subrecipient-Organization-Information
6		**Documentation of provision of Termination Procedure** *Include possible reasons for termination, the procedure for if/when a client is terminated from the program, and the appeal process. (24 CFR 576.500(f)(3) & 24 CFR 576.402)* Was the client terminated from the program? ☐ Yes ☐ No *If yes, provide documentation related to the termination proceeding.*

Were any Essential Services provided to the client? *This includes Essential Services listed above that were provided specific to this participant and would not include items or services purchased for the shelter as a part of services costs.*

☐ Yes, with ESG   ☐ Yes, without ESG   ☐ No Stabilization Services were provided

If ESG was used to provide Essential Services, the following requirements apply:

1		**Payment documentation of all Essential Services provided with supporting documentation.** *Include invoices and proof of payments for all services provided to the participant. May include documentation that lawyers used are licensed and in good standing with the bar association, invoice from credit repair class, budgeting*

		class, or mediation services.
2		**If hotel/motel was provided,** *include documentation that no other appropriate emergency shelter was available for the participant. Case manager due diligence is documented with a case note in finding other appropriate shelter.*
Notes:		