

**DSHS Housing Opportunities for People with AIDS (HOPWA)
Client Record Evaluation Form**

AGENCY: _____

FILE #: _____

Type of Service: <input type="checkbox"/> TRBA <input type="checkbox"/> STRMU <input type="checkbox"/> PHP		Date Assistance Started:
CRITERIA	SATISFIED?	NOTES
ELIGIBILITY/PROGRAM ENTRY		
HOPWA client file checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
HIV Verification (only at intake):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Completed Household Income Verification: (Attach Income/Budget Worksheet form or Verification of No Income form) Annually updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Supporting documentation (pay stub, tax return): Date Updated:
Household Income Eligibility Worksheet, Annually (Form C)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Completed Intake Demo/Stat Data Form Annually (Form E)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Consent to Release and Obtain Confidential Information, Annually updated (Form F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signed Program Agreement Annually (Form D)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Housing Inspection Performed/Certified- Annually updated (Form G)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Interim Recertification Worksheet (Form O)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
TRBA- LONG-TERM RENTAL ASSISTANCE (ONLY)		
TBRA Worksheet (Form I)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Util. Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rent Reasonableness Certification (Form H)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	FMR attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Comparison Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Unit Met Reasonableness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current rent/lease agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	VAWA Addendum: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Copies of checks paid to landlord	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	W-9: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shared Housing Rent Calculation Worksheet, if applicable (Form J)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
STRMU- A TOOL FOR PREVENTING HOMELESSNESS/ TEMPORARY ASSISTANCE (ONLY)		
21-Week Tracking Sheet for STRMU assistance (Form K)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Was assistance offered within the proper time limits? 21 weeks/year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Client file shows documentation of emergency need	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of actual costs (utility bill, default notice) or current lease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is the client need temporary, and manageable under normal circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

HOUSING PLAN		
Housing Plan and/or Individual Case Management Service Plan present in client file (Form N)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Housing Plan reviewed and signed by the client (Annually updated)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Housing Plan documents referrals and referral outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Do the goals listed support housing stability and access to medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Prior Plan Goals: ___ Completed Goals: ___ Plan Goals: _____ Completed Goals: _____
Does the housing plan require an application for other housing opportunities (HCV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Does the Housing Plan document a plan for transition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
PHP- PERMANENT HOUSING PROGRAM		
PHP Intent to Lease Worksheet (Form L)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of tracking system for returned deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
ADDITIONAL DOCUMENTATION		
Budget Worksheet (Form M)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
TBRA HCV/ Other Affordable Housing Waiver (if Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
FILE FORMAT		
One record/file per client	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Record is legible and in a consistent format	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Client name is on all records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Staff sign name on all entries in the client record (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
CLIENT CLOSURE		
Case Closure, (Form P) if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

NOTES: