

Ohio Development Services Agency

Office of Community Development - Supportive Housing Monitoring Tool

Grantee:	_____	Grant #:	_____
		Amount:	_____
Executive Director:	_____	Period:	_____
Contact:	_____	Grant #:	_____
		Amount:	_____
Title:	_____	Period:	_____
Phone Number:	_____	Grant #:	_____
		Amount:	_____
Email:	_____	Period:	_____
Monitor's Name:	_____	Grant #:	_____
		Amount:	_____
Visit Date:	_____	Period:	_____

Previous Monitoring

Date Monitored: _____ Monitor: _____

Findings and Concerns:

Grant #

Grant #

Grant #

Corrective Actions:

Grant #

Grant #

Grant #

Verification of Corrective Actions:

Grant #

Grant #

Grant #

Interview Questions

<i>Does the Agency have:</i>	Yes	No	N/A
Policy and procedures manual?			
Personnel policies?			
By-laws?			
Procedure for evaluating participant eligibility?			
Confidentiality policy?			
Client termination policy?			
Client appeals policy?			
Client complaint policy?			
Equal opportunities policy?			
Drug free work place requirement?			
Copy of three most recent board minutes?			
Current insurance certificates?			
Copy of Office of Community Development status reports?			
Copy of Fair Housing policy?			
Procurement policies?			
Participate in benefit bank? If so, contact: _____			

Does the Agency have the following for Homeless Crisis Response Program (HCRP):

Procedure for lead and habitability inspection?			
Staff certified to conduct lead inspections? How many in-house staff? _____ (include copies of certifications in working papers)			
Procedure for rent reasonableness evaluations?			
Federal citation related to perjury included in documents? _____			
How many households discontinued Rapid Re-housing assistance at 90-day mark due to being over income? _____			

Partner agencies? (if so, list agencies below)			
If so, monitor partner agencies?			
Copy of Monitoring Tool provided? (include in working papers)			
List partner agencies: _____ _____			

Describe Monitoring Partner Agency Process:

Notes:

Reviewer's Signature _____

Financial Management Systems Interview

Does the Agency have:

- Financial management policy and procedure manual?
- All payments go to third parties and not participants?
- Staff use timecards/timesheets?
- Timecards/timesheets list hours charged to specific grant?
- Employees and supervisors sign timecard/timesheet?
- Copies of all financial records on site (including partner agencies)?
- A cash receipts journal?
- A cash disbursements journal?
- Shelter's procurement policy complies with 24 CFR Part 84?
- Agency awarded \$500,000 or more federal? _____
- Agency awarded \$100,000 or more state? _____

Yes No N/A

Yes	No	N/A

Who receives monetary donations?

Name: _____
 Title: _____
 Name: _____
 Title: _____

Who posts receipts to ledger?

Name: _____
 Title: _____
 Name: _____
 Title: _____

Who reconciles bank account(s)?

Name: _____
 Title: _____
 Name: _____
 Title: _____

Who approves invoices for payment?

Name: _____
 Title: _____
 Name: _____
 Title: _____

Who is authorized to sign checks?

Name: _____
 Title: _____

How many signatures needed? _____

Name: _____
 Title: _____

How does the agency segregate ODSA-awarded funds?

Reviewer's Signature

Financial Test

Financial Management Contact: _____ Phone: _____ Email: _____

HMIS #	Activity	Check #	Vendor	Amount	Check Date	Check Cancelled Date	Authorized Check Signature	Amount Agrees with Invoice	Invoice Due Date	Authorized Signature Approving Invoice

Grant Number	Drawn Amount on Open Grant	Expended Amount on Open Grant	Grant Award	Discrepancy Greater than 10%	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Reviewer's Signature _____

Facility Interview

Policy:

Yes No N/A

HMIS Privacy notice posted?

--	--	--

HMIS licensed users and last log-in date: _____

Provisions made to maintain family as intact unit?

--	--	--

Procedure to sanitize linens and sleeping surfaces?

--	--	--

Emergency telephone numbers posted near telephone?

--	--	--

Written policy regarding possession and use of controlled substances?

--	--	--

Written policy regarding control of infectious diseases?

--	--	--

Verification domestic violence (DV) shelter serves non-DV persons
imminently facing homelessness?

--	--	--

If DV, how many total beds? _____

IF DV, how many beds served with our funds? _____

If DV, how made known to the community? (include copy in working papers) _____

Shelter:

How many households referred to Rapid Re-housing? _____

Shelter's Board of Director's includes at least one homeless/formerly homeless person?

--	--	--

Shelter complies with local fire, environmental, and health safety standards?

--	--	--

Shelter provides a bed and clean linens for each guest?

--	--	--

Shelter provides private space to meet with clients?

--	--	--

Shelter has adequate natural or artificial illumination?

--	--	--

Shelters providing food service have adequate sanitary storage and food preparation?

--	--	--

Shelter provides locked place for storage of medication?

--	--	--

Shelter provides reasonable security to clients?

--	--	--

Shelter maintains attendance list?

--	--	--

Shelter provides accommodations to store personal belongings?

--	--	--

Shelter has a Fair Housing poster?

--	--	--

Shelter has an occupancy permit?

--	--	--

Shelter has policy regarding control of weapons?

--	--	--

Shelter provides kitchen in good repair?

--	--	--

Shelter has food license from health department?

--	--	--

Violations:

Confirmation of Corrective Actions Taken:

Reviewer's Signature

Program Operations

Grant Number _____

Program Type/Name _____

(check all that apply)

	Customers	Customers	Customers	Customers
Single Male (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Female (SF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households w/Children (HC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Female (YF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Male (YM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	Number	Number	Number	Number
single family	_____	_____	_____	_____
1-bedroom	_____	_____	_____	_____
2-bedroom	_____	_____	_____	_____
3-bedroom	_____	_____	_____	_____
4-bedroom	_____	_____	_____	_____
Single-Room Occupancy (SRO)	_____	_____	_____	_____
Beds	_____	_____	_____	_____
Rooms	_____	_____	_____	_____
Motel	_____	_____	_____	_____

	Currently in Program	Currently in Program	Currently in Program	Currently in Program
Separate Individuals [SI]	_____	_____	_____	_____
Families [F]	_____	_____	_____	_____
Adults [FA]	_____	_____	_____	_____
Children [C]	_____	_____	_____	_____
Total HH [SI+F]	_____	_____	_____	_____
Total Persons [SI+FA+C]	_____	_____	_____	_____

Reviewer's Signature _____

Homeless Management Information System Review for Homelessness Prevention and Rapid Re-Housing

Time Range From: _____ **To:** _____

Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Section 7: Housing Status at Entry - Number of Persons in Household

Literally Homeless (Rapid Re-Housing)		Unstably Housed	
Imminently Losing (Homelessness Prevention)		Stably Housed	

Section 19: Housing Status at Entry and Exit - All Leavers

Housing Status at Exit

Housing Status at Entry	Literally Homeless	Imminently Losing	Unstably Housed	Stably Housed	Don't Know/ Refused	Information Missing
Literally Homeless						
Imminently Losing						
Unstably Housed						
Stably Housed						
Total						

Section 20: Destination for Leavers

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days HP				
Destination Leavers ≤ 90 days HP				
Destination Leavers > 90 days RH				
Destination Leavers ≤ 90 days RH				
Total				

Section 18: Total Number of Leavers: _____

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations): _____

Section 8: Persons and Households Served

	# Projected Persons Served	# Projected Households Served	Total Persons Served GTD*	Total Households Served GTD*
Homelessness Prevention				
Homeless Assistance				
Total				

Met Application Projections within 10%?

Yes	No

Reviewer's Signature _____

*Grant to-date

Homeless Management Information System Review for Emergency Shelter

Time Range From:		To:		
Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Sections 8 & 9: Persons and Households Served

# Projected Persons Served	# Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total					
				Met Application Projections? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center; width: 20px;">Yes</td> <td style="text-align: center; width: 20px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No							
<input type="checkbox"/>	<input type="checkbox"/>							

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night	<input type="text"/>	
Number of Beds	<input type="text"/>	Occupancy Rate <input type="text"/>

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay					
Leavers	<input type="text"/>	<input type="text"/>	Met Application Projections? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center; width: 20px;">Yes</td> <td style="text-align: center; width: 20px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
Stayers	<input type="text"/>	<input type="text"/>					

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations):

Projected Percentage of Positive Housing Outcomes Exiting Shelters:

Met Application Projections?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

Homeless Management Information System Review for Transitional Housing

Time Range From: _____ **To:** _____

Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Sections 8 & 9: Persons and Households Served

Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	Met Application Projections?	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night	<input style="width: 80%;" type="text"/>	Bed Utilization Rate:	_____				
Number of Existing Beds:	_____	Between 65-105%	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

Section 9: Average Number of Households Served Each Night

Average Number of Households Served Each Night	<input style="width: 80%;" type="text"/>	Unit Utilization Rate:	_____				
Number of Existing Units:	_____	Between 65-105%	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay		
Leavers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Met Application Projections?	_____
Stayers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations): _____

Projected Percentage of Positive Housing Outcomes Exiting: _____

More than 70%? Yes No

Reviewer's Signature _____

Homeless Management Information System Review for Permanent Supportive Housing

Time Range From: _____ To: _____

Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Sections 8 & 9: Persons and Households Served

Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total		
				Yes	No
				Met Application Projections?	
				<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night	<input style="width: 80%;" type="text"/>	Bed Utilization Rate:	
		Yes	No
Number of Existing Beds:	_____	More than 90%?	
		<input type="checkbox"/>	<input type="checkbox"/>

Section 9: Average Number of Households Served Each Night

Average Number of Households Served Each Night	<input style="width: 80%;" type="text"/>	Unit Utilization Rate:	
		Yes	No
Number of Existing Units:	_____	More than 90%?	
		<input type="checkbox"/>	<input type="checkbox"/>

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay	Average Length of Stay More than 180 days?	Yes	No
Leavers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Stayers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Percentage of Persons with Average Length of Stay More than 180 days	<input style="width: 80%;" type="text"/>	

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Reviewer's Signature _____

Client File Review Homelessness Prevention

HMIS #: _____	HMIS Entry Date: _____	HMIS Exit Date: _____		
Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
Household Size: _____		Total Assistance: _____		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: _____ (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If used, documentation of no other shelter available?</i> _____			
<i>Future unit is identified?</i> _____			<i>Date unit will be available?</i> _____
Habitability Inspection in file?	<input type="checkbox"/>	Y/N	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6	<input type="checkbox"/>
	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature _____

Client File Review Rapid Re-housing

HMIS #: _____ HMIS Entry Date: _____ HMIS Exit Date: _____

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total

Household Size: _____ Total Assistance: _____

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: _____ (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: _____ and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification: _____ AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	_____		
Lease provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If used, documentation of no other shelter available?</i>	_____		
<i>Future unit is identified?</i> _____	<i>Date unit will be available?</i> _____		
Habitability Inspection in file?	Y/N	Y/N	<input type="checkbox"/>
Lead-based paint inspection in file? _____ <i>Child under 6</i>	<input type="checkbox"/>	<i>Unit built before 1978</i>	<input type="checkbox"/>

Reviewer's Signature _____

Client File Review HOPWA

HMIS ID or Client Name	Homeless Verification	Intake/Application	Case Management	Permanent Placement	HIV Status (Physician Statement)	Admin. Files	Housing Plan	Housing Cost (not to exceed 30%)	Housing Services (CAP 21 Weeks)	Income Amount		Entry Date	Housing Outcome
										Income Eligible	Income Verified	Exit Date	
Number in Household													

Client File Review Housing

HMIS ID or Client Name	Reason for Entering Program	Application	Ownership Verification	Bids	Invoice	Payment	Inspection	Client Satisfaction			Income Eligible	Housing Outcome
Number in Household											Income Verified	

Exit Interview Signatures

Print Name	Signature	Agency	Title

Findings/Concerns:
Grant #:

Grant #:

Grant #:

Corrective Actions:
Grant #:

Grant #:

Grant #:

Overall: