



**Participant File Checklist for
Emergency Homeless Assistance (EHA – includes Essential Services &
Emergency Shelter Operations) and Continuum of Care Performance (COC)**

Agency Name: _____ **Date:** _____
Agency Staff Present: _____ **Reviewer(s):** _____
 Persons Served: _____ Households Served: _____ Files Monitored: _____

1. Is this a domestic violence service provider? Yes No If yes, all HMIS questions are NA.

Participant File	File Information	Finding / Concern / Comment
File # or first initial, last name:		
Identification present (license, ss card, birth certificate or signature)?	Yes / No	
HMIS ID #:		
HMIS Consent present & signed?	Yes / No	
Confidentiality form present & signed?	Yes / No	
Met definition of homelessness? (as described on intake form)	Yes/ No	
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ○ Was living on the streets, in a car ○ Stayed in another shelter or came to shelter with no place else to go ○ Came from transitional housing for homeless persons ○ Was evicted from a private dwelling ○ Fled domestic violence </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ○ Came from a short-term stay (up to 30 consecutive days) in an institution & previously resided on the street or in an emergency shelter ○ Discharged from a longer stay in an institution & no place else to go </td> </tr> </table>		
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Dates of Stay/Service:		
Exited to housing (on discharge summary; see bottom of form)?	Yes / No	
Supportive services / referrals (case notes/referral letters)? <i>should be extensive for Essential Services; may be minimal for Emergency Shelter Operations; ask agency re: CoC – if short term, services may be minimal; if long term, services should be extensive)</i>	Yes / No	
HMIS records complete & correct - 100% demographics, Homelessness information	Yes / No	
Self-Certification	Yes / No	
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HMIS records complete & correct - 100% demographics, Homelessness information	Yes / No	
Self-Certification	Yes / No	

Exiting to housing includes: Shelter Plus Care, Supportive Housing Program, HOME TBRA program, HPRP, Moved in with family or friends, HOME subsidized house or apartment, Other subsidized house or apartment, Homeownership, and going back to a formerly abusive situation if the situation is now safe and stable. All other destinations are not considered housing.

MFA Approval: _____ Date: _____