

HOP Client File Checklist – Emergency Shelter

(Optional form)

Item	Criteria/Item (check all applicable)	Documentation Type/Notes (check or describe)
Documentation of Shelter Eligibility	<input type="checkbox"/> Category #1 <input type="checkbox"/> Category #2 <input type="checkbox"/> Category #3 <input type="checkbox"/> Category #4	<input type="checkbox"/> Third Party Verification <input type="checkbox"/> Intake Worker Verification <input type="checkbox"/> Self-Certification
Documentation of Involuntary Termination Decision/Process	<input type="checkbox"/>	
Essential Services Case Management – <ul style="list-style-type: none">• Case Plan and Support and/or Referrals Provided• Connection with Mainstream Support Services and Benefits	<input type="checkbox"/> <input type="checkbox"/>	
Lead Paint (if required)	<input type="checkbox"/> Pamphlet <input type="checkbox"/> Disclose known lead	