

**HOP Client File Checklist – Coordinated Entry**  
(Optional form)

<b>Item</b>	<b>Criteria/Item</b> (check all applicable)	<b>Documentation Type/Notes</b> (check or describe)
Eligibility/Ineligibility Documentation	<input type="checkbox"/> Category #1 <input type="checkbox"/> Category #2 <input type="checkbox"/> Category #3 <input type="checkbox"/> Category # 4 <input type="checkbox"/> At Risk	<input type="checkbox"/> Third Party Verification <input type="checkbox"/> Intake Worker Observation <input type="checkbox"/> Applicant Self-Certification
Record of Assistance Type and Date	<input type="checkbox"/> Housing Search and Placement <input type="checkbox"/> Landlord-Tenant Mediation <input type="checkbox"/> Money Management/Credit Repair <input type="checkbox"/> Post Assistance Housing Plan <input type="checkbox"/> Housing Stability CM Meetings	
Termination of Assistance	<input type="checkbox"/> Notice of Reason <input type="checkbox"/> Notice of Appeal Rights	