

## HOP CLIENT FILE CHECKLIST – Homelessness Prevention

(Optional form)

<b>Item</b>	<b>Criteria/Item</b> (check all applicable)	<b>Documentation</b> <b>Type/Notes</b> (check or describe)
Documentation of Homelessness Prevention Eligibility	<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 Verification <input type="checkbox"/> Self-Certification
Lack of Other Resources and Supports	<input type="checkbox"/>	<input type="checkbox"/> Third Party Verification <input type="checkbox"/> Intake Worker Verification <input type="checkbox"/> Self-Certification
Record of <b>Services</b> Type and Date	<input type="checkbox"/> Housing Search and Placement <input type="checkbox"/> Housing Stability Case Management <input type="checkbox"/> Landlord-Tenant Mediation <input type="checkbox"/> Money Management/Credit Repair	
Documentation of Termination Decision/Process (Including access to appeal process if applicable)	<input type="checkbox"/> Written Notice to the Program Participant	
Assessment to Determine Services Needed, Amount, and Duration	<input type="checkbox"/> Stabilization in Current Housing <input type="checkbox"/> Relocation to New Housing	
Monthly Housing Stability CM Meetings	<input type="checkbox"/>	
Post Assistance Housing Stability Plan	<input type="checkbox"/>	