

Georgia Department of Community Affairs

HPRP Program Monitoring Review Form

Project monitoring is an ongoing process of reviewing a sub-grantee's performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

Organization

DCA Reviewer(s)

Person(s) Interviewed

HUD Grant Number(s)

DCA Grant Number(s)

Grant begin date

Grant end date

Who is in charge of the day-to-day administration of the program?

Last Review/date

Summary of Findings/Concerns / Good Practices:

Current Review/date

Summary of Findings/Concerns/ Good Practices:

Finding's Letter Mailed

Response from Agency/date

Response is accepted as submitted

Yes No

Reviewer's Signature:

Date:

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1. PROJECT PROGRESS

i. Is sub grantee submitting reimbursement request in a timely manner? Is the rate of draw downs consistent with the point-in-time expenditures for the grant term according to their project projections? HUD Reg II B 2

Yes No

ii. Has sub grantee remained consistent in number of households served, according to their project projections?

Yes No

2. POLICIES AND PROCEDURES:

i. Does the program have an Operational policy, outlining the program?

Yes No

ii. Does the program have an Eligibility policy, including provisions for ineligible clients?

Yes No

iii. Does the program have a Confidentiality policy, safeguarding individual's information and records? (HUD Reg V (D))

Yes No

iv. Does the program have a Terminations policy, including an Appeals Procedure? (HUD Reg V (E))

Yes No

v. Does the program have a Complaints policy, including an Appeals Procedure?

Yes No

vi. Does the program have an Equal Opportunities policy, which includes provisions under the Fair Housing Act? (HUD Reg VII (E))

Yes No

vii. Does the program have a procedure to approve housing that includes Lead Based Paint inspections, Habitability Standards, and Rent Reasonableness?

Yes No

viii. Does the program have a written Reimbursement procedure that meets the HPRP good practices?

Yes No

ix. Does the organization follow the Drug Free Workplace requirements?

Yes No

x. Is the organization a religious organization, and if so, does it offer all HPRP services, regardless of religion or religious belief? (HUD Reg VII (H))

Yes No

Further Information:

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3. EVIDENCE OF ADEQUATE FINANCIAL MANAGEMENT SYSTEMS

i. Agency has original invoices and canceled checks on file for expenses submitted for reimbursement.

Yes No

Describe Basis for Conclusion:

ii. Is there a system for tracking payables to assure that reimbursements are not duplicated?

Yes No

Describe Basis for Conclusion:

iii. Agency is keeping a master spreadsheet to maintain cumulative months served each client.

Yes No

Describe Basis for Conclusion:

iv. Agency is justifying how expenses are divided between activities for staff.

Yes No

Describe Basis for Conclusion:

v. Agency has adequate written financial management policies and procedures for HPRP program.

Yes No

Describe Basis for Conclusion:

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vi. Agency stores all HPRP documents in a secure area.

Yes No

Describe Basis for Conclusion:

vii. Reimbursement Requests submitted in a timely manner.

Yes No

Describe Basis for Conclusion:

viii. Reconciliation of Bank statements is current.

Yes No

Further Information:

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4. HMIS AGENCY STANDARDS (DESKTOP OR ON SITE REVIEW)

i. Is there a list of active authorized HMIS users?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii. Do HMIS users have access to adequate computer technology and tools, such as internet access, printers, data analysis software, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Do computers used to access the Pathways HMIS have a locking screen saver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv. Does the agency have a privacy policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v. Is the privacy policy posted; either in office or on website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vi. Is there a Release of information on file for clients entered in Pathways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vii. Is there a Refusal of Authorization on file for anyone not entered into Pathways?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. HSS HPRP AGENCY STANDARDS

i. How often are there staff meetings to discuss client progress/agency issues?	
ii. Does agency have an updated Resource Directory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. How long after intake or discharge does it take to enter client information into Pathways?	__ __ days
iv. Does the client have an updated Income section?	Yes <input type="checkbox"/> No <input type="checkbox"/>
v. Are there household defined goals, with regular progress updates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi. If the client has left the program, has there been an attempt to make a 90 day follow up?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Further Information:

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6. PARTICIPANT FILES (ONE FORM PER CLIENT)

File No:

Program Entry Date:

Client Name:

Program Exit Date:

HMIS:

i. Has the client been shown to pass the 4 tests of eligibility?

- a) Initial assessment to determine the appropriate type of assistance to meet their needs. (HUD Reg IV D 2 (1))
- b) The household must be at or below 50 percent of Area Median Income (AMI). (HUD Reg IV D 2 (2))
- c) Documentation exists to show the household is either homeless or at risk of losing its housing and meet both of the following circumstances: (1) no appropriate subsequent housing options have been identified; AND (2) the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing (HUD Reg IV D 2 (3))
- d) Be appropriate for a 'stable housing outcome' following the assistance (HUD Reg IV D 3. IV D 4)

Yes No

Yes No

Yes No

Yes No

ii. Does the client file show a HUD Affidavit correctly signed off?

Yes No

iii. If client is enrolled for more than 3 months has sub grantee submitted re-enrollment evidence? (HUD Reg IV A 1 A (1))

Yes No N/A

iv. Has client received less than 18 months assistance? (HUD Reg IV A 1 A (1))

Yes No N/A

SERVICES

i. Is short term rental assistance 90 days or less? Is medium term rental assistance 18 months or less? (HUD Reg IV A 1 (A))

Yes No N/A

Has sub-grantee documented rent reasonableness? (HUD Reg IV A 1 A (4))

Yes No N/A

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Has the Client's property been inspected as per the HPRP Habitability Standards? (HUD Reg VII (C))

Yes No N/A

Has the Client's property been inspected as per Lead Based Paint Requirements HUD Reg VII (F)

Yes No N/A

Is utility assistance 18 months or less? (HUD Reg IV A 1 (C))

Yes No N/A

Are rental or utility arrears less than 6 months? Are they counted as part of the 18 months service?

Yes No N/A

Are any storage arrangements less than 3 months? (HUD Reg IV A 1 (D))

Yes No N/A

Are motels / hotels used for 30 days or less? (HUD Reg IV A 1 (E))

Yes No N/A

Have Client's received regular case management services including an individualized service plan towards exiting the program? (HUD Reg IV A 2 (A))

Yes No N/A

Further Information: