

# SAMPLE CLIENT FILE CONTENTS CHECKLIST

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

**Note: Not all forms apply to every HOPWA program**

	<b>Client Name: (optional)</b>
	<b>Client Code #:</b>
	<b>Case Manager:</b>
	Completed Intake/Assessment form (including client data, i.e. contact info., demographics & information reported to funder)
	Signed Authorization to Release and Obtain Information (ROI), <b>Annually updated</b>
	HIV Verification (signed by certified health practitioner/testing site (only at intake):
	Completed Household Income Verification: (Attach Income/Budget Worksheet form or Verification of No Income form) and supporting documents (pay stubs, tax returns) <b>Annually updated</b>
	Completed Gross Annual Income Worksheet
	Completed Adjusted Income /Resident Rent Calculation Worksheet
	Date of First Contact:
	Date Assistance Started:
	Type of Assistance:
	Housing Plan and/or Individual Case Management Service Plan
	21-Week Tracking Sheet for STRMU assistance (if applicable)
	Shared Housing Rent Calculation Worksheet (if applicable)
	Expense Verification form and supporting documents (copies of bills for childcare, medical expenses, telephone and utility charges)
	Fair Market Rent (FMR) and Utility Allowance Charts (if applicable)
	Income Exclusions list
	Landlord rental agreement
	Copies of checks paid to landlord
	Program service agreement
	Housing Inspection Performed – Habitability or HQS form attached, <b>Annually updated</b>
	Tenant Inspection Checklist Form Attached
	Earned Income Disregard Information and calculations (if applicable)
	Lead Based Paint Acknowledgement Form Attached, if housing assistance includes children under 6 years old or pregnant women
	Smoke Detector Certification
	Grievances filed, including follow-up and outcomes
	Grievance/Termination Policy Signed and Attached
	Termination Sheet Attached, if Applicable
	<b>Note Other Forms Attached:</b>
	Grievance and Termination Policy – <b>Signed as received</b>
	Termination Form, if applicable
	<b>CASE NOTES:</b>