

## Appendix D: RECORDKEEPING REQUIREMENTS

All FSH Providers must have written policies and procedures in place to ensure requirements are met.

1. Must maintain and follow written enrollment procedures, which include the initial evaluation for determining participant status.
2. Documentation of Threshold Eligibility and Program Prioritization—
  - a. See chart below for documentation on Homeless status.
3. Must collect household demographic and status information necessary for adequate tracking of outcomes.
4. Documentation of Medicaid Eligibility
5. **Documentation of Services and Assistance Provided to the Participant:**
  - Records kept in written case files and/or HMIS information system
  - Documentation must include compliance with requirements for providing services and assistance, including:
    - Minimum monthly service provision, when billing
    - The occasions and types of service provided, e.g., home-based, office-based, other
    - Any authorizations to release information
    - Any documentation related to termination of services
6. **Additional Documentation Includes:**
  - Coordination with the continuum of care and other programs.
  - Conflict of Interest policy, which includes personnel.
  - Financial records – showing how program funds were spent on allowable costs in accordance with grant agreements.
  - Confidentiality (written procedures) to ensure records are kept secure and confidential, including that participant housing addresses are not made public.
  - Adequate documentation to demonstrate compliance with requirements of the Grant Attachment F, Attachment C, and the Business Associate Agreement
7. **Period of Record Retention:**
  - All records must be retained for 10 years after all funds are expended.

<b>HOMELESS RECORDKEEPING REQUIREMENTS</b>	<b>Category 1</b>	Literally Homeless	<ul style="list-style-type: none"> <li>• Written observation by the outreach worker; <b>OR</b></li> <li>• Written referral by another housing/service provider; <b>OR</b></li> </ul> <p>Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; or individuals exiting an institution – one of the forms of evidence above <b>AND</b></p> <ul style="list-style-type: none"> <li>○ Discharge paperwork OR written/oral referral, <b>OR</b></li> <li>○ Written record of intake worker’s due diligence to obtain above evidence <b>AND</b> certification by individual that they exited institution.</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<ul style="list-style-type: none"> <li>• A court order resulting from an eviction action notifying the individual or family that they must leave; <b>OR</b></li> <li>• For individuals/families leaving a hotel or motel – evidence that they lack the financial resources to stay; <b>OR</b></li> <li>• A documented and verified oral statement;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Certification that no subsequent residence has been identified;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Self-certification or other written documentation that they individual lacks the financial resources and support necessary to obtain permanent housing.</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<ul style="list-style-type: none"> <li>• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Certification of no Permanent Housing in the last 60 days;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Certification by the individual or Head of Household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Documentation of special needs OR 2 or more barriers.</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee Domestic Violence	<p>For Domestic Violence Shelter/Service providers:</p> <ul style="list-style-type: none"> <li>• An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> <p>For non-victim service providers:</p> <ul style="list-style-type: none"> <li>• Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Certification by the individual or head of household that no subsequent residence has been identified;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul>