

2025 On-Site CoC Program Monitoring Tool				
Agency Name:				
Progra	am Name:			
Eligibi	lity Type:			
Monit	oring Date:			
	Complete each box	with a Yes, No, or	N/A.	
	Client Unique Identifier:			
	ELI	GIBILITY		
1.	Is there an intake assessment?			
2.	Does the file document that the participant was literally homeless at the time of enrollment?			
3.	Does the file document that the participant was disabled at the time of enrollment into the program?			
4.a.	Is the program participant coming from the target populations (e.g. chronically homeless, youth, substance abuse, mentally disabled, domestic violence, veterans) identified and approved in the application?			
4.b.	Is there evidence the participant has been homeless for at least 12 months at the time of entry?			
4.c.	Is there evidence the participant had been homeless at least four times in the 3 years prior to entry (Totaling 12 months or more)?			
5.	Is the household chronically homeless?			
SERVICE PROVISIONS				
6	Is there a current (within the last year) service plan signed by the participant?			
7.a.	Is there evidence of regular meetings with the participant in the form of case notes?			



7.b.	Do the case notes clearly document the			
	work being done to stabilize and preserve			
	the participants' tenancy?			
7.c.	Are the supportive services being provided			
	(type and level of service) consistent with			
	those described in the approved			
	application?			
8.	If the participant has been in the			
	program for at least a year, was there an			
	annual assessment conducted for each			
	year?			
9.	If the participant has been discharged, is			
	there an exit assessment?			
10.a.	If there are transitional housing projects			
	where participants stay more than 24			
	months, do the files for these clients			
	document the need for extended program			
	participation?			
10.b.	For transitional Housing Projects only, do			
	the entry/ exit dates shown in the			
	participant files indicate that the			
	participants files indicate that the			
	participants exceeded the 24-month			
	limitation of stay?			
	FINANCIAL D	OCUMENTATION		
11.a.	Are there source documents demonstrating			
	the participant's income from within the			
	last year?			
11.b.	Is there an income calculation form within			
	the last year?			
12.a.	Is there an income calculation form that			
	meets HUD standards and is completed			
	within the last year and signed by the			
	participant?			
12.b.	Is the income documented in 12.a. above			
	reflected in the rent calculation?			
13.a.	Is there evidence of screening for			
			i .	



13.b	Is there evidence of application for mainstream benefits, or referrals to another entity to assist with the application for mainstream benefits.			
POLICIES AND RELEASES				
14.	Is there a release of information for participation in HMIS signed by the participant in HMIS signed by the participant?			
15.	Is there a copy of the grievance and/or appeals process signed by the participant?			
16.	Is there a copy of the housing agreement signed by the participant?			
17.	Is there a copy of the program rules signed by the participant?			

COMMENTS OR CONCERNS				
	Question Numbers	Notes		
Client ID:				
Client ID:				
Client ID:				