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Client Name	Program			
Entry Date	Exit Date		Case Manager Initials	
	EMERGENCY SHELTER / TEMPORARY EMERGENCY SHELTER			
emergency sh		ividuals, and operating eme	households in emergency shelters, renovating buildings to be used rgency shelters. In general, the client file must demonstrate (a) quirements were met.	
1	Intake Form/Initial Assessment. (24 CFR 576.401(a))			
2		lient meets an eligible	definition of homelessness at program entry. (24 CFR	
576.50	576.500(b))			
	Literally Homeless (category 1 homeless)			
	□ Imminent-Risk-of-Homelessness (category 2 homeless)			
	Homeless under other federal statues (category 3 homeless)			
	☐ Fleeing or attempting	to flee domestic violer	ce (category 4 homeless)	
3	Record of services provided (24 CFR 576.101(a), 576.500(l))			
	Essential Services			
	Shelter stay	Employment ass	istance/job training	
	Hotel/motel costs	Outpatient healt	h services	
	Case management	Legal services		
	□ Transportation	🗆 Life skills training	5	
	Childcare	🗆 Mental health se	ervices	
	□ Education services	\Box Substance abuse	treatment services	
	Unique Activities			
	Cell phone/internet			
	□ Vaccine incentive			
4.	Termination procedure ar <i>76.500(f)(3))</i>	nd any correspondence	related to a termination proceeding, if applicable. (24	
5	_ Certification of the client's	s program enrollment i	n HMIS (or comparable database). (24 CFR 576.500(n))	
6.	Demonstration of referral and connection to homeless and mainstream services. (24 CFR 576.401(d))			