

SHELTER PLUS CARE PROJECT ASSESSMENT WORKSHEETS

GENERAL INSTRUCTIONS: Complete *Assessment Worksheets* (Parts A – E). Attach all completed *Participant Worksheets* and *Client File Checklists*. Complete *Summary Assessment* on page 7.

| | | | | |
|--|-----------------------------------|------------------------|------------------|----------------------------|
| S+C Project Name | | Project Contact Person | | Contact Phone No. |
| Month/Year of Original Award | Month/Year of Most Recent Renewal | Current HUD Award No. | | Current OASAS Contract No. |
| Date that Project Actually Started <i>(If delays, explain)</i> | | Date of Visit/Review | Name of Reviewer | |

PART A – OVERALL PROJECT PROGRESS

INSTRUCTIONS: Describe how the project is achieving its objectives and operating close to or at capacity.

Data Sources to be used in completing this section – approved S & C application and amendments, Annual Progress Reports (APRs), expenditure data, other records/correspondence.

Review Methods – Complete Sections 1 - 5

| | | | |
|--|--|---------------------------------|---|
| 1. Number of Participants/ Clients Served | Performance Indicator | Number Specified in Application | Most Recent Number (From APR/Visit/Review) |
| | 1. Number of Single Individuals (not in families) | | |
| | 2. Number of Adults in Families | | |
| | 3. Number of Children in Families | | |
| | 4. Number of Families | | |
| | Compare the number of participants projected in application with the current number being served. Calculate utilization rate (Divide Number Specified in Application by Most Recent Number). | | |
| Is this consistent with previous reviews? Is this within an acceptable range? If fewer participants than projected are identified, what is being done to increase the number served? | | | |
| 2. Housing Provided | Performance Indicator | Number Specified in Application | Most Recent Number (From APR/Visit/Review) |
| | 1. Number of Rental Units | | |
| | 2. Number of Rental Units Inspected in the Past Year | NA | |
| | Compare the type and number of rental units proposed or approved in this application with those currently being offered. Explain any discrepancies. | | |

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| 3. Supportive Services/ Match Provided | Performance Indicator | Number Persons Specified in Application | Type and Number Indicated in Most Recent APR or Visit/Review |
| | 1. Outreach | | |
| | 2. Case Management | | |
| | 3. Life Skills | | |
| | 4. AOD Services | | |
| | 5. MH Services | | |
| | 6. AIDS-Related Services | | |
| | 7. Other Health Care Services | | |
| | 8. Education | | |
| | 9. Housing Placement | | |
| | 10. Employment Assistance | | |
| | 11. Child Care | | |
| | 12. Transportation | | |
| | 13. Legal Services | | |
| | 14. Other (specify) | | |
| Compare the type and number of supportive services proposed and approved in this application with those currently being offered. Explain any discrepancies. | | | |
| 4. Participant Progress Towards Self-Determination | Performance Indicator | Goals Specified in Approved Application | # from Most Recent Data (From APR/Visit/Review) |
| | 1. Number of Participants Whose Monthly Income Increased in the Last Year | | |
| | 2. Number of Participants Whose Monthly Income Decreased in the Last Year | NA | |
| | 3. Number and Percentage of Participants Who Moved to Permanent Housing in the Last Year | | |
| | 4. Cumulative Number of Participants Who Moved to Permanent Housing During Project | | |
| Assess the numbers and percentage of participants who have realized an increase in income. Assess the number and percentage of participants who have moved on to permanent housing. Is this within acceptable range? What other efforts are taken to maximize clients' progress toward self-determination? | | | |

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|---|---|----------------------|-------------|-----------------------|--|--|
| 5. S & C Expenditures | RENTAL UNITS | NUMBER OF UNITS X | FMR \$ X | NUMBER OF MONTHS = | TOTAL AMOUNT APPROVED IN APPLICATION | |
| | 0 Bedroom | | | 12 | | |
| | One Bedroom | | | 12 | | |
| | Two Bedroom | | | 12 | | |
| | Three Bedroom | | | 12 | | |
| | Four Bedroom | | | 12 | | |
| | Other: (specify) | | | 12 | | |
| | APPROVED TOTALS | | | | | |
| | 1. TOTAL EXPENDITURES DURING PERIOD (Specify time frame) | | | | | |
| | a. \$ Spent for Rental Units during period | | | | | |
| b. \$ Spent for Administration (Up to 8%) | | | | | | |
| Divide total approved amount by 12. Divide total expenditures by # months in period. Compare level of expenditures to projected monthly amount. If significant differences, explain why and how this will be addressed. | | | | | | |

PART B – BENEFICIARIES/CLIENTS

INSTRUCTIONS: Describe how the project is serving the intended target population; participant eligibility is documented. **Data Sources to be used in completing this section** – approved S & C application and amendments, list of project participants, sample of participant files
Review Methods – Select random sample of 10% of current participant files (minimum sample of 5 files). Review files and complete *Participant Worksheet (Attachment 1)* for each.

| |
|---|
| <p>1. Does each client's file include all required items per S & C Client Files Checklist (Attachment 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents.</p> |
| <p>2. Does documentation demonstrate that participant was homeless prior to entry per HUD Standards for Homeless Documentation (Attachment 3)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents.</p> |
| <p>3. Does documentation demonstrate that participant is disabled (i.e., chronic substance abuser)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents.</p> |
| <p>4. Does documentation demonstrate that: a. participant income meets eligibility standards – see “Very Low Income Limits” in HUD Notice PDR 01-03 (Attachment 4); <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents. b. income is reviewed annually? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents.</p> |
| <p>5. Is participant's monthly contribution towards rent documented? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list client numbers with missing documents.</p> |

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PART C – SUPPORTIVE SERVICES

INSTRUCTIONS: Describe how appropriate services are being provided to participants; describe how clients' needs are regularly assessed.

Data Sources to be used in completing this section – approved S & C application and amendments, sample of participant files, occupancy agreements

Review Methods –Review selected participant case notes and files. Complete *Client Files Checklist (Attachment 2)* for each.

| |
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| 1. Indicate services being provided per client case notes. [Should correspond to services listed in section A.3. on page 2.] |
| 2. How are clients' needs periodically re-assessed? |
| 3. Is an Occupancy Agreement (see sample – Attachment 5) in client file? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list files missing documentation. |
| 4. Does agreement specify that participation in supportive services is mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list files missing documentation. |

NOTES/COMMENTS:

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PART D – HOUSING

INSTRUCTIONS: Describe how housing meets appropriate standards, how residential supervision is adequate, that residential rents are reasonable, that client rent is calculated correctly and due process is provided for terminations. **Data Sources to be used in completing this section** – *Client Files:* housing inspection reports, rent reasonableness calculations and documentation. *General:* project’s policies/procedures for selection of rental units, policies/procedures for handling client terminations, building/occupancy permits, results of special testing (i.e., lead paint). **Review Methods** – Review individual client files to determine that each rental unit meets Housing Quality Standards (HQS).

| | |
|---|--|
| 1. Is HQS Inspection Checklist (Attachment 6) in client’s file? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is rental unit re-inspected annually? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is rent reasonable compared to comparable units in area? [Is Rent Reasonable Checklist (Attachment 7) in file?] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is rent certified by agency? [Is Certification of Rent Reasonableness (Attachment 8) in file?] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is rent calculated correctly using Tenant Rent Calculation Worksheet in HUD Notice CPD96-03 (Attachment 9) ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does rent meet Fair Market Rents (Attachment 10) ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Review written description of how rental units are identified and selected. Are policies and processes adequate? If no, identify inadequacies. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Review project policy on terminations and any files of terminated clients. Is process and documentation adequate? If no, identify inadequacies. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. (OPTIONAL) Inspect facility to assess habitability [24 CFR528.305(a)]? In Compliance? If no, cite deficiencies. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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PART E – MATCHING FUNDS

INSTRUCTIONS: Describe how matching requirements are being met.

Data Sources to be used in completing this section – approved application/APRs, financial records, documentation of calculations to determine value of supportive services

Review Methods – Complete the chart below to assess total supportive services match provided to overall project (match is not required on an individual client basis).

| Year | Total S & C Lease Amount | Total Value of Supportive Services | Match Level OK? (yes/no) |
|---------------|--------------------------|------------------------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| TOTALS | | | |

NOTES/COMMENTS:

SOURCES AND DOCUMENTS REVIEWED (*Check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> S & C Approved Application (and Amendments) | <input type="checkbox"/> Latest Project APR |
| <input type="checkbox"/> Interviews with Project Staff | <input type="checkbox"/> List of S & C Participants |
| <input type="checkbox"/> List of Rental Units | <input type="checkbox"/> Housing/Rental Unit Management Policies |
| <input type="checkbox"/> Policy for Handling of Client Terminations/ Due Process Procedures | <input type="checkbox"/> Client Participation Standards (i.e., Resident's Advisory Committee) |
| <input type="checkbox"/> Fiscal Management/Budget Control Procedures | <input type="checkbox"/> S & C Expenditure Data/Financial Records |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

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SUMMARY ASSESSMENT

| | |
|---------------------------------|--|
| OVERALL PROJECT PROGRESS | Is the project achieving its objectives and operating close to or at capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| BENEFICIARIES/ CLIENTS | Is the project serving the intended target population? <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant eligibility documented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant contribution to rent documented? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| SUPPORTIVE SERVICES | Are appropriate supportive services being provided to participants? <input type="checkbox"/> Yes <input type="checkbox"/> No Are client needs regularly assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| HOUSING | Does housing meet appropriate standards? <input type="checkbox"/> Yes <input type="checkbox"/> No Are residential rents reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No Are client rents calculated correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| MATCHING FUNDS | Are matching requirements being met? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Overall Assessment Summary: | |
| TA Need Identified: | |
| Best Practices Identified: | |