

Project Site Visit Form

Agency Name: _____ Visit Date: _____

Project Name: _____

Partner Agency Staff Members Present

Name: _____ Title: _____

Name: _____ Title: _____

CFTH Staff Members Present

HMIS Visit Completed By: _____ Title: _____

Performance Visit Completed By: _____ Title: _____

HMIS Annual Review

REQUIREMENT	ASSESSMENT				OUTCOME	FOLLOW-UP
Agreements, Certifications & Licenses (4 pts)	Yes	No	N/A		Action Needed In Compliance	
				Does the agency have a signed copy of their most recent Agency Participation Agreement (1)		
				Does the agency have a designated HMIS contact person? (1) Name:		
				All users have signed User License Agreements on file (1)		
				All users completed Privacy and Security Training (and have documentation of training) (1)		
HMIS Users (3 pts)	Yes	No	N/A		Action Needed In Compliance	
				Are all project staff members currently active in HMIS? (1)		
				Have your HMIS Users attended Reports training in the last 12 months? (1)		
				Agency has had at least one program staff attend all 4 HMIS Forums (1)		
Privacy: Privacy Policy (Max 10 pts)	Yes	No	N/A		Action Needed In Compliance	
				Did the agency use the CoC (Continuum of Care) Privacy Policy template to build their board-certified Privacy Policy? (5)		
	OR					
	Does the agency policy have the following?					

				<ul style="list-style-type: none"> Procedures defined in the agency's Privacy Notice (1) 		
				<ul style="list-style-type: none"> Security of hard copy files (1) 		
				<ul style="list-style-type: none"> Policy covers client data generated from HMIS (or comparable database) (1) 		
				<ul style="list-style-type: none"> Client Information Storage and Disposal (1) 		
				<ul style="list-style-type: none"> Remote Access and Usage (1) 		
	During an onsite inspection:					
				<ul style="list-style-type: none"> Spot check files are locked in a drawer/file cabinet (1) 		
				<ul style="list-style-type: none"> Offices are locked when not occupied (1) 		
				<ul style="list-style-type: none"> Spot check for visible client files on-site (1) 		
				Agency collects ROIs from all clients prior to recording their data into HMIS (1)		
				A brief description of HMIS & data sharing practices is posted in a public place where clients can see it (1)		
Computer Systems: Physical Access & Security (Max 6 pts)	Yes	No	N/A		Action Needed In Compliance	
				All workstations in secured locations (locked offices) (1)		
				Workstations are logged off when not staffed (1)		
				All workstations are password protected (1)		
				Computers used for data entry are not available to the public, or connected to an open network/Wi-Fi connection (i.e., internet cafes, libraries, airports) (1)		
				A written plan for remote access exists if the agency permits users to access the system from outside the office (1)		
				All computers that access to HMIS have updated virus protection (1)		
Data Quality, Accuracy, & Reporting (Max 24 pts)	Yes	No	N/A		Action Needed In Compliance	
				Agency has a procedure to ensure personal identification information is accurate (4)		
				Agency is documenting the homeless status of clients at intake according to the reporting and eligibility guidelines issued by HUD (Housing and Urban Development) (4)		

				Income and non-cash benefits are being updated at least annually at exit (2)		
				If using paper, the intake data collection forms correctly align with the workflow (2)		
				100% of clients are entered into the system within five (5) days of intake (2)		
				At minimum, all UDE's are collected. Data collected is appropriate for funding (2)		
				Agency is actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise (2)		
				Agencies are properly collecting discharge destinations (2)		
				Spot check of various random clients shows all required program information is being collected (2)		
				Lead agency reports submitted on time (2)		

REQUIREMENT	ASSESSMENT				OUTCOME	FOLLOW-UP
Housing Programs Only: Inventory (Max 3 pts)	Yes	No	N/A		Action Needed In Compliance	
				Bed inventory in HMIS physically matches facility set-up (1)		
				Clients are checked into beds in real time and within 24 hours of changes (1)		
				Housing Inventory Count is submitted to the Coalition by the February deadline (1)		

HMIS Total Points: _____ out of 50 Total

Compliance/Performance Review

REQUIREMENT	ASSESSMENT			Follow-Up
	Yes	No	N/A	
Policies and Procedures/Client Documents (50 Points- 5 points each)				Program Intake Process
				Operations Manuals (per program)
				Financial Policies and Procedures (Agency)
				Housing First Policy
				Termination Policy
				Standard Case Note Policy (Agency)
				Client Grievance Procedure
				Enrollment Form
				Client Exit Policy
				HUD Award Letter and Grant Agreement
Performance Review	At time of Audit			
				# Of Referrals Accepted:
				# Of Referrals Denied; if denials exist, agency provides reasoning:
				# Of Referrals Denied due to project eligibility
				Staff Members actively attend workgroups- Yes/ No
				# Of project clients served at day of visit (Annually)
				# Units Utilized on day of Visit/ # Of units on Contract
				Positive Exit % on day of Visit:
				Move in dates entered HMIS- 100% Target
				Addresses entered HMIS – 100% Target
Staff Trainings and Development (10 points each point)	Yes	No	N/A	
				Housing First Training provided or attended by staff
				DEI- Diversity Equity Inclusion Training provided or attended by staff
				Trauma Informed Care Training provided or attended by staff
				Participation in the Annual PIT (Point in Time) Event # Of Staff: % Of Surveys:

Compliance/Performance Total Points: _____ out of 80 Total