

FY_____ CoC Program On-Site Monitoring Report: NY-

Agency: SAMPLE AGENCY
Agency Contact: SAMPLE CONTACT

Date of Review:
Monitoring Completed by: REVIEWER

PROGRAM REVIEWED	SAMPLE AGENCY
Final Monitoring Results	Choose an item.
Preliminary Report Status:	Choose an item.
Please submit requested documents by:	Click or tap to enter a date.
(Insert # of findings) Findings	
(Insert # of findings) Concerns	

CLIENT FILE REVIEW

1. Intake Form
2. Verification of Homelessness - 24 CFR 583.301(a)(4)(i)(B)
3. Verification of Disability - 24 CFR 583.301 (c)
4. Proof of Income - 24 CFR 578.77(a)(7)
5. Tenant Rent Calculation - 24 CFR 578.77
6. Lease/Occupancy Agreement - 24 CFR 578.49(b)
7. HQS Compliance - 24 CFR 578.75(b)
8. NSPIRE

AGENCY POLICIES & PROCEDURES

1. Intake Policy & Procedures
2. Confidentiality of Client Records - 24 CFR 578.103 (b)
3. Period of Record Retention - 24 CFR 578.103 (c)
4. Grievance Policy & Procedures - 24 CFR 578.91(b)
5. Termination Policy - 24 CFR 578.91