



FY2018

Annual Continuum of Care Competition

HMIS DOCUMENTATION REVIEW TOOL



Agency Name _____

Project Name _____

Date of Review _____ Reviewer _____

Binder Three: HMIS-SPECIFIC DOCUMENTATION

HMIS & DATA QUALITY	Yes	No	N/A
1) Does the agency provide documentation of a policy or procedure in place to check HMIS data quality at least monthly?			
2) Does the agency provide documentation of a procedure for indicating when consumers revoke their previous consent? The agency should be prepared to discuss how it plans to handle this.			
3) Have all end-user agreements and confidentiality documentation been turned in for all users?			
4) Does the agency communicate to MIS personnel regarding terminated employees in a timely manner?			

COMMENTS:



HMIS QUICK FILE CHECKLIST

Agency Name _____

Project Name _____

Date of Review _____ Reviewer _____

Area of Evaluation	Yes	No	N/A
1) Does the selected chart include the HMIS Release of Information/Consent to be Entered in System form?			
2) Does the chart include the Proof of Homeless documentation?			
3) Does the chart include the Proof of Chronic Homelessness Status including the following?			
5) HMIS Summary			
6) Agency letter			
7) Other:			
4) Does the chart include the client's SSN card?			
5) Does the chart include Proof of Disability?			
6) Does the chart include Proof of Insurance?			
7) Does the chart include Proof of Income?			
8) Does the chart include Proof of Non-Cash Benefits (food stamps, Medicaid card, etc.)?			
9) Does the chart include the following:			
a) Proof of Permanent Housing as Destination?			
b) Eviction Information?			
c) Lease?			
d) Contribution to Family Household?			
10) Does the chart have documentation of the housing status at exit?			

COMMENTS: