**Supportive Services for Veteran Families (SSVF)**

**Financial and Operational Fitness Audit (FOFA)**

**Self-Assessment & Preparation Tool**

Grantees should ensure they can check off all statements below and verify their programs meet all requirements outlined to be prepared for their FOFA.

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| **Program Goals and Progress** |
| ☐ The program is on track to achieve the annual households served goal. |
| ☐ The program is drawing down in line with VA recommendations to ensure efficient grant expenditure. |
| ☐ Current SSVF staff match exactly to the approved budget staffing plan or there is evidence of an approved budget change. |
| ☐ The Grantee is spending a minimum of 60% of Temporary Financial Assistance (TFA) on Rapid Rehousing households or has a waiver and meets the requirements outlined in the waiver. |
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| **Policies and Procedures (P&P)** |
| ☐ Established P&P specific to SSVF (reflect the most recent version issued by the SSVF Program Office to include all types of assistance – RRH, HP, RH, SSI, RR...) that highlight the following elements: |
| ▪ Coordination with Local Continuums of Care (CoCs) |
| ▪ Coordination with VA Medical Centers |
| ▪ Outreach, Assessment, Application, and Intake |
| ▪ Domestic Violence |
| ▪ Assistance in Obtaining VA Benefits and Coordinating Other Public Benefits |
| ▪ SSVF Eligibility Requirements (Initial Eligibility and Recertification) |
| ▪ Case Management Services |
| ▪ Case File Management & Documentation Standards/Requirements |
| ▪ Processing and Disposition of Ineligible Applicants |
| ▪ Grievance Process (Participants and Ineligible Applicants) |
| ▪ Processing HUD-VASH Packets, Allowable TFA, and Restrictions |
| ▪ TFA (Allowable/Unallowable, Forms of, Limits, Restrictions, etc..) |
| ▪ Landlord Recruitment and Retention |
| ▪ Confidentiality of Client Data (paper/electronic) |
| ▪ Employment, Legal, or other Services Provided (as necessary) |
| ▪ Program Exit or Termination of Assistance |
| ▪ Satisfaction Surveys |
| ▪ HMIS Reporting Requirements (if not addressed via Data Quality Plan P&P) |
| ▪ Vehicle Policy (if applicable) |
| ☐ Established P&P addressing Critical Incidents. |
| ☐ Established P&P for clients and staff addressing potential fraud, waste and abuse and reporting methods. |
| ☐ Established P&P for transportation of clients. |
| ☐ Established P&P addressing Federal Financial Reporting requirements. |
| ☐ Established P&P providing guidance on Eligible, Ineligible, and Unallowable expenses. |
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| **Program Operations and Management** |
| ☐ Developed job descriptions for all staff assigned to the grant which match the titles on the approved budget. |
| ☐ Documentation of staff supervision through agendas and notes; including supervision of management level staff. |
| ☐ There are signed Conflict of Interest statements for every member of the Grantee’s Board of Directors. |
| ☐ The program is participating in the local CoC coordinated entry system (CES) as demonstrated through meeting minutes or clear evidence of receiving referrals through CES. |
| ☐ Evidence of controls supporting only appropriately documented eligible expenses that are allowable, allocable, and reasonable costs of operating a program under the Supportive Services grant. |
| ☐ All Veterans are registered for the Participant Survey at exit. |
| ☐ The program has a process to review results from either the Participant Survey or from an internal survey. |
| ☐ Evidence all staff, including fiscal team, have viewed SSVF Fraud Webinar. |
| ☐ Evidence of proper reporting of Critical Incidents (if applicable). |
| ☐ Evidence of controls preventing Ineligible/Unallowable cost from being charged to SSVF. |
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| **Subcontractor Management** |
| ☐ Signed and executed agreements between the Grantee and each subcontractor providing services for SSVF. |
| ☐ Established P&P for monitoring (quarterly and annually) and managing the work of the subcontractor. |
| ☐ The agreements describe in detail the services and duties to be performed by the subcontractor. |
| ☐ Grantee has a copy of the subcontractor’s SSVF P&Ps, or indicates in writing they abide by Grantee P&Ps. |
| ☐ The agreement has a clear payment guideline and a statement for how the contract can be amended. |
| ☐ There is documented evidence of quarterly and annual monitoring. |
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| **Outreach** |
| ☐ Outreach logs show consistent, regular outreach to include when, where, who the staff met with, and what was done. For programs where 100% of the outreach and referrals are done through the community’s coordinated entry system, there is a written policy on this practice. |
| ☐ Logs include documentation of outreach to all CoCs and counties and communities in service area. |
| ☐ Outreach logs include outreach to hard-to-reach populations and targeting of homeless Veterans. |
| ☐ The program is a part of each CoC's CES and takes referrals directly from the system. If CES is not in place, logs should include outreach to private organizations, state and local government agencies, and other community providers. |
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| **Eligibility** |
| *For documentation standards and suggestions for meeting each requirement, see the SSVF Case File Tool.* |
| ☐ Files have clear evidence of eligible Veteran status. |
| ☐ Files have evidence of Veteran housing status: Homelessness Prevention (HP) or Rapid Rehousing (RRH). |
| ☐ Files have evidence that clients have been provided a copy of the Grievance Process. |
| ☐ Files clearly indicate SSVF program participating in: Rapid Re-Housing, Homelessness Prevention, Shallow Subsidies, Return Home, Rapid Resolution, etc. |
| ☐ Files clearly indicate most current compliance efforts with newer programs (if applicable) Shallow Subsidies, Return Home, Rapid Resolution, etc.. |
| ☐ HP files have completed screening tool and meet the threshold score, if receiving TFA. |
| ☐ Files have clear income and asset documentation to show client is under 30% or 50% AMI. |
| ☐ If self-certifying housing status or income, there are written attempts at getting third party documentation. |
| ☐ All client files have signed releases of information for each third party addressed, including HMIS release. |
| ☐ All files have a Certification of Eligibility form Signed by the Case Manager and Supervisor. |
| ☐ All files with clients in the program over three months have Re-Certification of Eligibility form(s) Signed by the Case Manager and Supervisor for each recertification event, including updated housing and income documentation. Ensure Supervisor signature is timely (not to exceed 7 days after due date). |
| ☐ Exited files have the SSVF Exit Checklist or similar exit assessment. |
| ☐ Exited files have an Exit Letter with adequate evidence the Veteran received a copy. |
| ☐ There are “screened but not enrolled” logs, including reasons for denial and where Veterans were referred. |
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| **HUD-VASH** |
| ☐ Files have completed HUD-VASH Packets. |
| ☐ Files have proper backup documentation and invoices for all costs paid on behalf of a client, including proof the check went out to the appropriate third party and steps that are taken to prevent fraud. |
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| **Case Management Services** |
| *For documentation standards and suggestions for meeting each requirement, see the SSVF Case File Tool.* |
| ☐ Staff understand Housing First and how to implement and house Veterans stably using this approach. |
| ☐ Files have clear referrals to VA programs and follow up for those referrals documented in the files. |
| ☐ Files have clear referrals to mainstream programs and follow up for those referrals documented in the files. |
| ☐ Files have individualized plans (Housing Stability Plans) with goals, action steps, person responsible, and ongoing assessments of plans with updated goals and actions steps as steps and goals are accomplished. |
| ☐ Files have clear evidence of housing counseling, including assistance with housing search, if needed. |
| ☐ Files have clear evidence of assessing client need and offering services/referrals based on those needs. |
| ☐ Files have Rent Reasonableness assessments if paying housing costs. |
| ☐ Files have proof of Habitability Standard Inspection for Veterans moving into new or different units. |
| ☐ Files with TFA payments have statements regarding “but for” and the necessity of the payment for stability. |
| ☐ Files have proper backup documentation and invoices for all costs paid on behalf of a client, including proof the check went out to the appropriate third party and that steps are taken to prevent fraud. |
| ☐ Files include Case Notes that support details and activities not captured in required documents. |
| ☐ Files include evidence of VA-Designated satisfaction survey provided to each participant within 30 days of exit? |
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| **Financials & Fiscal Administration** |
| ☐ Established P&Ps specific to operational activities tied to SSVF fiscal and accounting, chart of accounts, and procedure for recording financial transactions are in place. |
| ☐ Established P&P addressing approving financial transactions including evidence of appropriate segregation of duties. |
| ☐ Established P&P addressing general records and how valuables are securely stored. |
| ☐ Written record retention policy. |
| ☐ The General Ledger (GL) identifies/accounts for all SSVF costs (reconcile back to approved SSVF budget). |
| ☐ The GL identifies/accounts for all SSVF Administrative costs (reconcile back to approved SSVF budget). |
| ☐ The GL identifies and accounts for all SSVF costs by program (Rapid Re-housing, Homeless Prevention, Shallow Subsidies, Return Home, Rapid Resolution, etc.). |
| ☐ Finance does not charge SSVF for administrative costs based on an indirect cost rate and administrative costs do not exceed 10 percent of the total grant. |
| ☐ Evidence controls exist to ensure only approved line items in the SSVF budget are charged to SSVF. |
| ☐ The GL accounts for all revenue drawn from the Payment Management System (PMS). |
| ☐ If the GL does not identify TFA cost by client name/ID, there must be evidence of monthly reconcilement between GL and TFA expenses recorded by the program/operational activities. |
| ☐ Finance draws downs funds on a reimbursement basis and fully expends funds drawn within 3 days. |
| ☐ Timesheets record actual hours worked on various projects and are recorded by employees and approved by supervisors. |
| ☐ Timesheets directly link payroll fund drawn downs are based on actual hours worked on SSVF. |
| ☐ For staff paid under the administrative section of the budget, if there are no timesheets indicating actual time worked on SSVF, evidence of completed time studies updated regularly for all staff charged under admin. |
| ☐ No unallowable costs are charged to the grant. |
| ☐ There is clear documentation to support vehicles charged to the grantee (if applicable). |
| ☐ Single Audit completed with Internal Control Deficiencies or Weaknesses addressed and uploaded into the Federal Audit Clearing House (if total Federal Funding >$750,000). |
| ☐ Federal Financial Report (FFR) or (SF-425) completed no later than 45 days after the end of the grant term or 90 days with approved extension. |
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| **Data Management and Quality Assurance (Data Quality Plan)** |
| ☐ There is a written data quality plan covering completeness, timeliness, and accuracy. |
| ☐ The written procedure outlines staff responsibility for timely entry, quality assurance practices, and internal process for uploading data into the VA Repository System. |
| ☐ The Grantee has evidence of successful monthly uploads into VA system and into all CoCs they serve. |
| ☐ Client data in HMIS matches client files for VAMC code, CoC code, program entry and exit, Veteran SSN, move-in date, prevention threshold score, HoH designation, services provided, and TFA payments. |
| ☐ There is a completed Information Security Self-Assessment: https://www.va.gov/HOMELESS/ssvf/docs/SSVF\_Information\_Security\_Assessment.pdf |
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| **Veterans Rights Poster(s)** |
| ☐ Veterans Rights Poster(s) are displayed where ever Veterans and their Families are served. |