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

**Self-Monitoring Tool**

Grantees should confirm they can check off all statements below, and verify that their programs meet all requirements outlined, to be prepared for their onsite monitoring visit.

**If a program can check off every item below, they will be well on the way to a successful monitoring visit.** The (\*) items were the most commonly missed during FY16 that resulted in a finding or concern for grantees. To ensure full compliance with these items, download the Uniform Monitoring Package (UMP) and evaluate programs on all questions.

|  |
| --- |
| **Program Goals and Progress** |
| The program is on track with the annual households served goal, prorated based on month of monitoring.\* |
| The program is spending within 10% of projected quarterly spending per approved budget.\* |
| The grantee is spending a minimum of 60% of TFA on Rapid Rehousing households or grantee has a waiver and meets the requirements outlined in the waiver.\* |
| Current SSVF staff match exactly to the approved budget staffing plan or there is budget amendment or  written communication with Regional Coordinator about why the current staffing and budget do not match. |

|  |
| --- |
| **Policies and Procedures (P&P)** |
| There are clearly written and detailed screening P&Ps, specific to the program. |
| There are clearly written and detailed P&Ps for how eligibility is determined, specific to the program. |
| There are clearly written P&Ps for prioritizing admissions and who is responsible for admission decisions.\* |
| There is a clearly written Critical Incident (CI) Policy which includes program specific policy for reporting CI to the SSVF Program office and following up on incidents. |
| There is a clearly written policy on practice of handling ineligible applicants.\* |
| There is a clearly written policy on protecting client information and requiring signed Releases of  Information for each third party the staff communicates with about the client. |
| There is a clearly written policy on safe driving, including drivers’ licenses and insurance on file, if needed. |

|  |
| --- |
| **Program Management** |
| There are job descriptions for every staff person on the grant which match titles on the approved budget. |
| There is 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 Continuum of Care (CoC) coordinated entry (CE) process as  demonstrated through written policy, meeting minutes, or clear evidence of receiving referrals through  CE. If CE is not in place, grantee has written P&Ps for prioritizing admissions. |
| There is evidence the program is participating in all CoCs on resolution, through CoC meeting minutes. |
| All Veterans are registered for the Consumer Survey at exit: # of registrants matches # exited from HMIS. |
| The program has received Veteran responses from either the Consumer Survey or an internal survey. |

| **Subcontractor Management** |
| --- |
| There are signed and current agreements between the grantee and each subcontractor paid on SSVF. |
| There is a clear written plan for monitoring 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 why these are not maintained.\* |
| The subcontractor agreement has a clear statement for how the contract can be amended.\* |

|  |
| --- |
| **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 must be a written policy on this practice. |
| Logs include documentation of outreach to all CoCs and all 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 coordinated entry (CE) process and takes referrals directly from the  system. If CE is not in place, logs should include outreach to private organizations, state and local  government agencies, and other community providers. |

|  |
| --- |
| **Eligibility**  *For documentation standards and suggestions for meeting each requirement, see the SSVF Case File Tool.* |
| There are “screened but not enrolled” logs, including reason for denial and where Veterans are referred. |
| Files have clear evidence of eligible Veteran status. |
| Files have documentation of housing status: Homelessness Prevention (HP) or Rapid Rehousing (RRH).\* |
| 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. |
| Clients enrolled over 90 days are recertified, including updated housing and income documentation.\* |
| Exited files have clear documentation of the exit and the reason.\* |
| If self-certifying housing status or income, there are written attempts at getting third party documentation. |
| All client files have signed HMIS releases and signed releases of information for each third party addressed. |
| All files have a staff certification of eligibility and a staff re-certification of eligibility (if necessary). |

|  |
| --- |
| **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 the 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 referrals documented in the files.\* |
| Files have individualized 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 housing inspection for Veterans moving into new or different units. |
| Files with TFA payments have statements regarding “but for” and 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 taking clear steps to prevent fraud. |

| **Financials** |
| --- |
| Accounting manual and/or Accounting Policies and Procedures, chart of accounts, and procedure for  recording financial transactions are in place. |
| It is clear staff duties are separated and there is a written policy for approving financial transactions. |
| Records and valuables are securely stored and there is a written policy on maintaining files and records. |
| There is a clear way that finance identifies, tracks, and accounts for all SSVF costs and matches them to  approved line items in the SSVF budget. |
| Finance keeps detailed records to account for every dollar drawn down from Payment Management  System (PMS).\* |
| Finance draws downs funds on a reimbursement basis, or fully expends drawn down funds within 3 days. |
| Finance does not charge SSVF for administrative costs based on an indirect cost rate.\* |
| Finance breaks down administrative charges, only bills those administrative expenses that are reasonable, allowable, and allocable, and maintains and can provide documentation of all charges. |
| Timesheets record actual hours worked on various projects and are approved by employee and  supervisor.\* |
| Timesheets directly link to payroll so that funds drawn down 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, there are activity logs demonstrating work charged specifically to SSVF and a  reasonable allocation plan for charging these staff to the grant. |
| No ineligible costs are charged to the grant.\* |

|  |
| --- |
| **Data Management and Quality Assurance** |
| 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. |