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

**Self-Monitoring Tool**

Grantees should ensure that they can check off all statements below, and verify that their programs meet all requirements outlined, to be prepared for their on-site 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 FY17 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 to hit the annual households served goal, prorated based on month of monitoring.\* |
| 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 an approved budget change  or written communication with Regional Coordinator about why the current staffing and budget do not match. |
| The grantee is spending a minimum of 60% of TFA on Rapid Rehousing households or has a waiver  and meets the requirements outlined in the waiver.\* |

|  |
| --- |
| **Policies and Procedures (P&P)** |
| There are clearly written, detailed screening P&Ps, specific to the program. |
| There are clearly written, detailed P&Ps regarding 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 including notifying them as  to the reason, making appropriate referrals, notifying referral sources, and informing of the grievance policy. |
| There is a clearly written policy on ensuring confidential information (including paper and electronic records  of persons served) is secure and protected. |
| There is a clearly written policy on safe driving, including licenses and insurance on file for drivers if staff  transport clients in company or personal cars. |

|  |
| --- |
| **Program Management** |
| There are job descriptions for every staff person on the grant which match the 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 system (CES) as  demonstrated through written policy, meeting minutes, or clear evidence of receiving referrals through CES. |
| There is evidence the program is participating in all CoCs on resolution, through CoC meeting minutes. |
| All Veterans are registered for the Participant Survey at exit.\* |
| The program has a process to review results from either Participant Survey or from an internal survey. |
| The program has a clear practice for landlord recruitment and retention, including support after move in. |
| All staff, including fiscal team, have viewed SSVF Audit Guidelines, Fraud Prevention, Reporting and  Compliance Webinar. |

|  |
| --- |
| **Subcontractor Management** |
| There are signed and current agreements between the grantee and each subcontractor paid on SSVF. |
| There is a written plan 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 guidelines and a 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 is 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 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. |

|  |
| --- |
| **Eligibility**  *For documentation standards and suggestions for meeting each requirement, see the SSVF Case File Tool.* |
| There are “screened but not enrolled” logs, including reasons for denial and where Veterans were referred. |
| Files have clear evidence of eligible Veteran status. |
| Files have evidence of Veteran 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 in the program over 3 months are recertified, including updated income documentation.\* |
| Exited files document exit criteria or have the SSVF Program Exit Checklist. |
| 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 signed Staff Certification of Eligibility and a Staff Re-certification of Eligibility (if applicable). |

|  |
| --- |
| **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 those 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 the necessity of the payment for stability. |
| Files have proper backup documentation and invoices for all costs paid on behalf of a client and grantee is taking clear steps to prevent fraud. |

|  |
| --- |
| **Financials** |
| Accounting manual and/or Accounting P&Ps, chart of accounts, and procedure for recording financial  transactions are in place. |
| There is a written policy for approving financial transactions including evidence staff duties are separated. |
| Records and valuables are securely stored and there is a written record retention policy. |
| 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) and maintains invoices to support all costs, including proof the check went to the appropriate third party.\* |
| 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 with no further breakdown. |
| Finance breaks down administrative charges, only bills those administrative expenses that are reasonable,  allowable, and allocable, and can provide backup documentation for 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 time studies updated regularly or a reasonable allocation plan for charging  each administrative staff person to the grant.\* |
| No ineligible costs are charged to the grant.\* |
| There is clear documentation to support vehicles charged to the grantee (if applicable). |

|  |
| --- |
| **Data Management and Quality Assurance** |
| There is a written Data Quality Plan covering completeness, timeliness, and accuracy. |
| The Data Quality Plan 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.\* |