Iowa Statewide Emergency Solutions Grant (ESG) Program

*SHELTER* PARTICIPANT FILE CHECKLIST

Participant Name (Head of Household)**:** **Date:**

**All Shelter participant files must include:**

Signed Release of Information (any applicable)

Signed HMIS consent form (required if HMIS-certified for data-sharing community; strongly recommended otherwise, in addition to required HMIS notification posters)

Verification/documentation of homelessness

Signed acknowledgement of any applicable program requirements

Documentation of applicable services provided

Demonstration of referral and/or connection to other mainstream resources, as applicable

Housing stabilization plan if applicable

Termination letter if applicable—must describe appeals process

Other:      

Other:      

Other: