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: