



Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Continuum of Care (CoC) Program Participant Chart Documentation Requirements by Project Type

November 17, 2022

INSTRUCTIONS:

- The table below indicates with “X” which documents should be in CoC Program Participants’ charts for each of these project types:
 - Permanent Supportive Housing (PSH),
 - Rapid Rehousing (RRH): includes DV Bonus, YHDP RRH and YHDP Diversion/Rapid Exit (DivRE)
 - Transitional Housing (TH): includes YHDP Crisis Housing
 - YHDP Youth Navigation (YHDP Youth Nav)
- All documents must be retained for a minimum of 5 years. Participant eligibility documentation must be maintained for 5 years after the end date of the last grant operating year during which a participant was served.
- Links to required forms, sample forms and other guidance, start on page 8.

Document Type	PSH	RRH (includes DV Bonus & YHDP RRH/DivRE)	TH (includes YHDP Crisis Housing)	YHDP Youth Nav
Documentation of Participant Eligibility – see page 9 for additional details				
Documentation of Chronic Homelessness and/or DedicatedPLUS Must document chronic homelessness at project entry (i.e., the date on which the applicant accepts an available spot in the project – project entry may precede the date housed)	X			



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Documentation of Homelessness - Must document homelessness at project entry (i.e., the date on which the applicant accepts an available spot in the project – project entry may precede the date housed)	X	X	X	X
Documentation of Disability	X Must also include documentation of DMHAS eligibility ¹ if applicable			
Documentation of Age - at least one member of the household must be 18 or older; no member of the household can be older than 24 at project entry ² .		X YHDP RRH & DivRE Only	X YHDP Crisis Housing Only	X
Documentation of Income Eligibility		X Gross annual income below 50% AMI at the time of annual review	X Gross annual income below 30% AMI at project entry; Does not apply to YHDP Crisis Housing	

¹ Serious mental illness, chronic problems with alcohol &/or drugs, or AIDS and/or related diseases required.

² For shared housing with portions of a unit separated into multiple leases, the age requirement does not apply to people living in portions of the unit not supported by YHDP funds.



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Rent/Occupancy Charge Calculation Documentation				
Documentation of all income for all household members updated at least annually and upon change in income	X	X Does not apply to YHDP DivRE	X Does not apply to YHDP Crisis Housing	
Certification of no income - each adult household member reporting no income must complete a certification.	X	X Does not apply to YHDP DivRE	X Does not apply to YHDP Crisis Housing	
Documentation of rent/occupancy fee calculation - updated at least annually and upon change in income	X	X Does not apply to YHDP DivRE	X Does not apply to YHDP Crisis Housing	
Participant Notification of rent obligation , subsidy amount, requirement to report changes	x	X (copied to landlord)	x	
Participant notice regarding upcoming recertification	X Required for DMHAS projects Recommended for all			
Housing-related Documentation				
Leases or Occupancy Agreements	X	X	X	
VAWA Lease/Occupancy Agreement Addendum	X	X	X	



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Annual Housing Quality Standard (HQS) Inspections – applies to units supported with CoC Leasing or Rental Assistance	X	X	X	
Health and Safety Checklist - annually approximately 6 months following the HQS inspection.	X Required for DMHAS projects Recommended for all			
Housing Assistance Payment (HAP) Contracts	X Required for DMHAS projects Recommended for all			
Rental Assistance Certificate	X DMHAS projects only			
Request for Lease Approval (RFA)	X DMHAS projects only			
Documentation of receipt of Lead Hazzard Information Pamphlet	X	X	X	



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Supportive Services Related Documentation				
Assessment of Supportive Services Needs CT BOS recommends and DMHAS requires a needs assessment at least every 6 months.	X	X DOH Housing Stabilization Plan is sufficient to meet this requirement	X	X
Service Plans	X Required for DMHAS projects within 60 days of project entry & updated at least every 6 months; Recommended for all	X (Housing Stabilization Plans Required)	X Recommended	
Case notes - Evidence of Service Provision	X frequency commensurate with participant needs and, typically, not less than every 2 weeks	X Required at least monthly; For YHDP Div/RE only required for participants who receive more than one shot assistance	X frequency commensurate with participant needs and, typically, not less than every 2 weeks	



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Housing Provider Service Obligations - Housing provider must track which participants are engaged with a case manager, maintain current contact information for the primary case manager, coordinate with the case manager when issues that threaten housing stability occur, identify which participants are not already engaged with a primary case manager, and make assertive attempts at least every 6 months to connect all participants not already engaged to a case manager.	X Applies to DMHAS projects with no designated service provider only			
Releases of Information for HMIS and all collateral contacts	X	X	X	X
CT BOS Participant/Applicant Bill of Rights	X	X	X	X
Notice of Grievance Rights (“Information for CoC Project Participants About Your Right to File a Complaint”) – PENDING APPROVAL	X	X	X	X
Notice of Emergency Transfer Rights (“Information for Residents About the CT BOS Emergency Transfer Plan”)	X	X	X	X



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VAWA Notices: Provide the Notice of Occupancy Rights to all adult applicants. Provide the Notice of Occupancy Rights & Certification form to all adults also at each of the following times:(A) When an individual or family is denied housing; (B) When a program participant is admitted to housing; (C) When a program participant receives notification of eviction; and (D) When a program participant is notified of termination of assistance.	X	X	X	
Safety Planning for survivors of domestic violence, dating violence, sexual assault and human trafficking	X Recommended for survivors	X Required for survivors	X Recommended for survivors	X Recommended for survivors
Evidence of assessing participants who have stabilized in housing for interest in and of providing assistance with moving-on	X Required for DMHAS projects Recommended for all			
Termination of Assistance Related Documentation				
CAN notification of at-risk participants - For participants at-risk of a return to homelessness, notify the CAN so that they may convene a case conference and determine any additional interventions that may be offered to prevent homelessness.	X	X	X	X



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Subsidy Termination Warning - document that prior to commencing a subsidy termination, the participant was notified in writing that subsidy is in jeopardy.	X Required for DMHAS projects Recommended for all	X		
Termination of Assistance Notification –Applies to files of participants who have been terminated/discharged from the CoC program except those who are deceased. Must notify participant of formal due process, and provide a written copy of rules, written notice of termination with clear statement of reasons for terminating, opportunity to appeal decision, and right to receive written notification of final decision. Send the notification to the last known address, if current address is unknown.	X	X For YHPD Div/RE this notification can be provided at the time of initial assistance	X	
Additional Documentation Requirements				
Application Records - Retain all application records, copy of written referral acceptance letter to the applicant and CAN or copy of written notice to applicant specifying reason provider or applicant declined with appeal instructions. Document outreach to applicants who miss their intake appointment.	X	X Not applicable to YHDP Div RE	X Not applicable to YHDP Crisis Housing	



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Reasonable Accommodation Requests – Retain all related records	X	X	X	X
Grievances/Appeals– Retain all related records	X	X	X	X

Resources:

General Resources

- [CT BOS Monitoring Links to Helpful Resources](#)
- [DMHAS CoC RA Operations Guide 2019](#)

Participant Eligibility Resources:

HUD Homelessness Eligibility Categories by Program Type – only the indicated categories are eligible for each listed program type:

- YHDP Crisis Housing (HUD Component - TH): Categories 1 & 4
- YHDP Youth Navigator Services (HUD Component - SSO): Categories 1, 2, & 4
- YHDP Shelter Diversion & Rapid Exit Fund (HUD Component - RRH): Categories 1, 2, & 4
- YHDP RRH (HUD Component - RRH): Categories 1 (including people living in TH) & 4
- DV Bonus RRH: Category 4
- All Other RRH: Categories 1 (excluding people living in TH) & 4
- TH: Categories 1 & 4
- PSH: Category 1 & must meet CH/Dedicated Plus Definition

Eligibility Forms and Guidance – Non YHDP

- [CoC Homelessness Verification Form](#)
- [Disabling Condition CT BOS CoC Form](#)



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- [Sample Documentation of DedicatedPLUS Status](#)
- Webinar on DedicatedPLUS: [Slides](#) & [Recording](#)

YHDP Eligibility Forms and Guidance

- [CT YHDP Homelessness Verification Form](#)
- [Additional CT YHDP Homeless Verification Guidance](#)
- [CT YHDP Determining Homeless Status of Youth – full guide](#)

PSH Rent/Occupancy Charge Calculations

- [Income Calculation Worksheet 9.22.20](#)
- Sample [Approval Letter Rental Assistance](#)
- Sample [CoC change in income sample payment letter](#)
- Sample [Recertification Payment Letter](#)
- Sample [No Income Verification](#)

YHDP RRH Rent Calculation Tools

- [CTBOS YHDP RRH Rent Calc Tool](#)
- [YHDP RRH Sample Tenant Financial Assistance Letter](#)

Housing Related Documentation

- Sample [Lease CoC Rental Assistance Program](#)
- Sample [CoC Rental Assistance Housing Certificate](#)
- Sample [Contract HAP](#)
 - Sample HAP [Contract Amendment](#)
- Sample [Rent Reasonableness Verification](#)
- [YHDP Crisis Housing Occupancy Agreement](#)
- HQS: [HUD Inspection 52580-A](#)
- [General Health and Safety Checklist](#)
- [VAWA Lease Addendum](#)
- [VAWA Domestic Violence Incident Certification Form](#)



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- [VAWA Notice of Occupancy Rights](#)
- [Lead Paint Booklet English](#)
- [Lead Paint Booklet Spanish](#)
- Sample [Annual Recertification Notice](#)
- Sample [Termination Letter with Informal Hearing Request\(2\)](#)
- [Warning Letter Generic Sample](#)
- [List of Advocates](#)

Supportive Services Related Documentation

- [CSH Supportive Housing Assessment](#)
- Supportive Housing Case Management Tools (including service planning forms) available at: <https://www.csh.org/qualitytoolkit/>.
- DMHAS [Brief Participant Needs Assessment](#)
- [HMIS ROI Updated: 11-8-18](#)
- [HMIS Spanish ROI Updated: 11-8-18](#)
- Sample Release of Information: [DMHAS HIPAA RVS](#)

CT BOS Notifications of Participant Rights

- [Client Bill of Rights](#)
- Information for CoC Project Participants About Your Right to File a Complaint – PENDING APPROVAL
- [Information for Residents About the CT BOS Emergency Transfer Plan](#)
- Participant Acknowledgement of Receipt of CT BOS Notices – PENDING APPROVAL

DMHAS CoC Rental Assistance Documents -All documents are available at www.ctbos.org/resources

- [Required Documents Checklist](#)

DOH CoC Rental Assistance Documents -All documents are available at <https://cceh.org/provider-resources/rapid-rehousing/>

- [CT RRH file checklist](#)