Documentation Requirements for Remote Monitoring: HOPWA Program Participant Records
Tenant Based Rental Assistance (TBRA)

Documents should be saved to the Microsoft Teams folder using the link provided by STEH. Each filename must contain the participant's first name, and a clear description of the document's purpose (e.g. Tasha Income at intake, George annual HQS).

✓	1	Participant Eligibility
		HIV documentation
		Household size
	2	Unit Eligibility (Current/Most Recent Unit)
		Lease, and any addendums (include agency master lease for projects with leasing)
		Rental Agreement
		Request for Unit Inspection (RUI)/Request for Tenant Approval (RTA) Intent to Rent, or equivalent, if applicable
		Any additional documentation that clarifies utility responsibilities
		Rent reasonableness documentation
		Tracking of rents exceeding HOPWA rent standard
		Initial HQS inspection report(s) of current unit
		Most recent annual HQS inspection of current unit, if applicable
		Any other HQS inspections completed in the past 12 months
		Lead-Based Paint Disclosure (except SROs)
	3	Income
		Income documentation/calculation (including calculation worksheet, if applicable) at intake
		Income documentation/calculation (including calculation worksheet, if applicable) from the past 12 months
	4	Rent Calculations
		All rent calculations completed in the past 12 months
		If worksheets are not signed by the participant, evidence of alternative method of communicating the participant's rental portion to them, including the date of the communication.
	5	CAPER Outcomes
		Contact with primary health provider
		Medical Insurance/assistance
	6	Services
		Initial Assessment
		Most recent annual assessment (if applicable)
		Current case plan
		Service Notes: evidence of reoccurring services, ongoing assessment
	7	Termination
		Evidence that participant received written copy of program rules at project start date
		Evidence participant received written copy of termination procedure at project start date
		Evidence that participant received written copy of grievance procedure at project start date (if this procedure is used in termination appeals)
		Evidence that participant received written notice of termination including clear statement of reason (if applicable)
	8	VAWA
		VAWA lease addendum
		Evidence that participant received Notice of Occupancy Rights and Certification at intake
		Evidence that participant received Notice of Occupancy Rights and Certification at eviction and/or termination (if applicable)

Documentation Requirements for Remote Monitoring: HOPWA Program Participant Records
Facility Based Housing Assistance

Documents should be saved to the Microsoft Teams folder using the link provided by STEH. Each filename must contain the participant's first name, and a clear description of the document's purpose (e.g. Tasha Income at intake, George annual HQS).

✓	1	Participant Eligibility
		HIV documentation
		Household size
	2	Unit Eligibility (Current/Most Recent Unit)
		Lease, and any addendums (include agency master lease for projects with leasing)
		Rental Agreement
		Request for Unit Inspection (RUI)/Request for Tenant Approval (RTA) Intent to Rent, or equivalent, if applicable
		Any additional documentation that clarifies utility responsibilities
		Rent reasonableness documentation
		Initial HQS inspection report(s) of current unit
		Most recent annual HQS inspection of current unit, if applicable
		Any other HQS inspections completed in the past 12 months
		Lead-Based Paint Disclosure (except SROs)
	3	Income
		Income documentation/calculation (including calculation worksheet, if applicable) at intake
		Income documentation/calculation (including calculation worksheet, if applicable) from the past 12 months
	4	Rent Calculations
		All rent calculations completed in the past 12 months
		If worksheets are not signed by the participant, evidence of alternative method of communicating the participant's rental portion to them, including the date of the communication.
	5	CAPER Outcomes
		Contact with primary health provider
		Medical Insurance/assistance
	6	Services
		Initial Assessment
		Most recent annual assessment (if applicable)
		Current case plan
		Service Notes: evidence of reoccurring services, ongoing assessment
	7	Termination
		Evidence that participant received written copy of program rules at project start date
		Evidence that participant received written copy of termination procedure at project start date
		Evidence that participant received written copy of grievance procedure at project start date (if this procedure is used in termination appeals)
		Evidence that participant received written notice of termination including clear statement of reason (if applicable)
	8	VAWA
		VAWA lease addendum
		Evidence that participant received Notice of Occupancy Rights and Certification at intake
		Evidence that participant received Notice of Occupancy Rights and Certification at eviction and/or termination (if applicable)

Documentation Requirements for Remote Monitoring: HOPWA Program Participant Records
Short-term Rent, Mortgage, and Utility Assistance (STRMU)

Documents should be saved to the Microsoft Teams folder using the link provided by STEH. Each filename must contain the participant's first name, and a clear description of the document's purpose (e.g. Tasha Income at intake, George May utility bill).		
✓	1	**Participant Eligibility**
		HIV documentation
		Household size
		STRMU Tracking Worksheet
	2	**Unit Eligibility (Current/Most Recent Unit)**
		Lease or mortgage statement, if applicable
		Proof of utility payment responsibility and amount, if applicable
		HQS inspection report or Certification of Housing Quality for STRMU/PHP
	3	**Income**
		Income documentation (including calculation worksheet, if applicable) at intake
		Income documentation (including calculation worksheet, if applicable) at exit
	4	**CAPER Outcomes**
		Contact with primary health provider
		Medical Insurance/assistance
	5	**Services**
		Initial Assessment
		Current case plan
		Service Notes: evidence of reoccurring services, ongoing assessment
		If participant had ongoing affordability problem, evidence of efforts to connect or place in permanent housing
	6	**Termination**
		Evidence that participant received written copy of program rules at project start date
		Evidence that participant received written copy of termination procedure at project start date
		Evidence that participant received written copy of grievance procedure at project start date (if this procedure is used in termination appeals)
		Evidence that participant received written notice of termination including clear statement of reason (if applicable)

Documentation Requirements for Remote Monitoring: HOPWA Program Participant Records
Permanent Housing Placement (PHP)

Documents should be saved to the Microsoft Teams folder using the link provided by STEH. Each filename must contain the participant's first name, and a clear description of the document's purpose (e.g. Tasha Income at intake, George Utility deposit required.		
✓	1	Participant Eligibility
		HIV documentation
		Household size
	2	Unit Eligibility (Current/Most Recent Unit)
		Lease
		Proof of utility payment responsibility, if applicable
		HQS inspection report or Certification of Housing Quality for STRMU/PHP
	3	Income
		Income documentation (including calculation worksheet, if applicable) at intake
	4	CAPER Outcomes
		Contact with primary health provider
		Medical Insurance/assistance
	5	Services
		Amount and description of all PHP payments provided on behalf of participant
		Initial Assessment
		Case plan

Documentation Requirements for Remote Monitoring: HOPWA Program Participant Records
Services Only

Documents should be saved to the Microsoft Teams folder using the link provided by STEH. Each filename must contain the participant's first name, and a clear description of the document's purpose (e.g. Tasha Income at intake, George Utility deposit required.		
✓	1	Participant Eligibility
		HIV documentation
		Household size
	2	Income
		Income documentation (including calculation worksheet, if applicable) at intake
	3	CAPER Outcomes
		Contact with primary health provider
		Medical Insurance/assistance
	4	Services
		Initial Assessment
		Case plan
		Service Notes: evidence of reoccurring services, ongoing assessment