



United Way
of the Midlands

2018 MACH Grant Monitoring Instrument

Please base responses on your most recent APR submitted unless otherwise noted.

Name of Reviewers and Staff _____

Date of visit _____

Section I – General Information

Name of Agency:

Contact:

Email:

Phone:

Name of CoC-funded Program:

Grant Number:

Program Start and End Dates:

Date most recent APR submitted to HUD:

Grant Amount:

Grant Amount/Percentage Expended at Closeout:

If not fully expended, please explain:

Amount of match reported in APR:

Cash:

In-kind:

Does the amount of both match and leveraged resources equal or exceed the amount committed in the original HUD application? Circle: **YES** or **NO**

Total Number of Persons Served:

(Categories may overlap)

Number of single individuals:

Number of families:

Number of single individuals with disabilities:

Number of families with disabilities:

Number of chronically homeless individuals:

Number of chronically homeless families:

Total Number of Housing Units Assisted:

Scattered site:

Number of 1 BR

Number of 2 BR

Number of 3 BR

Number of 4 BR

Shared housing:

Number units:

Number of beds:

Single family/duplexes/townhomes:

Number of units:

Number of beds:

Section II – HUD Housing Performance - Maximum points available = 35 points

HOUSING STABILITY – information found in the most recently submitted APR

Scoring Element	0	1	2	3	4	5
Client stability in housing	n/a	<70%	71-81%	82-86%	87-94%	95%+
Points						

Housing stability = _____ (points assigned above) X 7 = _____ Total weighted points

Section III – HUD Income Performance - Maximum points available = 35 points

MAINTAIN or INCREASING INCOME - information found in the most recently submitted APR (20 pts.)

Scoring Element	0	1	2	3	4	5
Client increase in earned income through employment/SSI or SSDI Standard of Living Increase	n/a	<10%	11-19%	20-42%	42-50%	51%+
Points						
Client increase in income through accessing entitlement benefits	n/a	<25%	26-49%	50-59%	60-69%	70%+
Points						

Employment = _____ (points assigned above) X 4 = _____ Total weighted points

Benefits = _____ (points assigned above) X 4 = _____ Total weighted points

The **highest score** should be used for the final point allocation for this section.

INCREASING INCOME - information found in the most recently submitted APR (15 pts.)

Scoring Element	0	1	2	3	4	5
Client increase in earned income through employment/SSI or SSDI Standard of Living Increase	n/a	<10%	11-19%	20-42%	42-50%	51%+
Points						
Client increase in income through accessing entitlement benefits	n/a	<25%	26-49%	50-59%	60-69%	70%+
Points						

Employment = _____ (points assigned above) X 3 = _____ Total weighted points

Benefits = _____ (points assigned above) X 3 = _____ Total weighted points

The **highest score** should be used for the final point allocation for this section.

Combine the scores for the 2 items above for the Total Weighted Points for Section III: _____

Section IV – HMIS Data Completeness – Maximum number of points = 5 pts

HMIS DATA COMPLETENESS – from the current year HMIS score card (to be provided by UWM staff)

Scoring Element	0	1	2	3	4	5
Score from HMIS Report	85% or less	86-90%	91-96%	97-99%	100%	
Points	0	1	2	3	5	

Data quality = _____ (points assigned above) X 1 = _____ total weighted points

Section V – Bed Utilization Rates – Maximum number of points = 25 points

BED UTILIZATION - information found in the most recently submitted APR

Scoring Element	0	1	2	3	4	5
Average daily bed utilization	<50%	51-60%	61-85%	86-92%	93-96%	≥97+%
Points						

Bed utilization= _____ (points assigned above) X 5 = _____ total weighted points

Section VI – Prioritization

This section monitors the agency’s implementation of MACH’s Prioritization of the most vulnerable for housing. Responses are based on housing placements since October 1, 2016 and/or last 3 housing placements.

- Do all clients enrolled in the CoC funded program, since October 1, 2016, have a VI-SPDAT? **No – minus 5 points**
- For the agency’s three most recent housing placements, did the agency comply with the MACH Prioritization Policy to identify and place potential clients? **No – minus 3 points per placement**
- For the agency’s three most recent housing placements, does HMIS documentation reflect prioritization was followed correctly? This includes documentation for any clients that were higher on the prioritization list and were not housed. **No – minus 5 points per placement**
- Does the agency consistently participate in Permanent Supportive Housing or Rapid Rehousing Case Conferencing? **Non-Scoring Item**

Total points deducted = - _____



Section VII – Property Condition

Did the agency provide a Housing Quality Standards inspection for each unit that occurred within the last 12-months? **No – Minus 3 points**

Upon review, were the units in acceptable condition? Describe:

Total points deducted = - _____

Section VIII – HUD/HEARTH Priorities

	Points	Points Assigned
Program is dedicated to serving chronically homeless people	+5	
Lacking consumer representation on Agency Board or Governing Body	-5	
HUD Monitoring Findings (past 12 Months) Number of Findings: _____	-3 per Finding	
Agency has written standards reflecting Equal Access in Accordance With an Individual’s Gender Identity in Community Planning and Development Programs	-1	
Agency has written standards reflecting adoption of Preventing Involuntary Family Separation	-1	
Total Points		

Section IX – Participant File Review

Participant File Review will be a total of 30 points. Three different randomly selected files will be reviewed and scored independently (each file is worth 10 points). For each file review Program Eligibility will be a total of 6 points, Participant Income Documentation will be worth 2 points, and Supportive Services/Termination will be worth 2 points.

PROGRAM PARTICIPANT FILE RECORDKEEPING	Rec 1	Rec 2	Rec 3	COMMENTS
HMIS Client ID				
Program Eligibility				
A. Do the records demonstrate that the recipients/sub recipient followed the written intake procedures? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)]				
B. Do the records contain:				
1. Documentation that program participant has been screened via centralized assessment system and determined eligibility for CoC Program assistance				

<p>2. Documentation for verification of homeless status:</p> <ul style="list-style-type: none"> a. a written referral by another housing or service provider; b. a printed record from HMIS or a comparable database used by a victim service provider or legal service provider; c. a written observation by an outreach worker of the conditions where the individual or family was living; or d. written certification by the individual or head of household seeking assistance? <p>Qualified as homeless because they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (<i>file must document both</i>)</p> <ul style="list-style-type: none"> e. discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution, or f. a written record of the intake worker’s due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less? <i>Note: Intake workers must document the content of oral statements. Where the intake worker is unable to contact an appropriate official, the intake worker must documents his/her due diligence in attempting to obtain a statement from the institution.; and</i> g. a written referral by another housing or service provider; or h. a printed record from HMIS or a comparable database used by victim service providers or legal service providers; or 				
--	--	--	--	--

<ul style="list-style-type: none"> i. a written observation by an outreach worker of the conditions where the individual or family was living; or j. written certification by the individual or head of household seeking assistance? <p>For youth and families who qualified under paragraph (3) of the homeless definition, does a review of the program participant files confirm that the unaccompanied youth our family with children and youth met the homeless definition of another federal statute as evidence by a certification of homeless status signed by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under that statute</p> <ul style="list-style-type: none"> k. Or other type of homeless documentation in 24 CFR 578 				
<p>3. Are program participants coming from the target population identified in the grant application; e.g. mental illness, etc.?</p>				
<p>4. Does the file include verification of the participant’s disability? [For Permanent Supportive Housing]: (a) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently; (b) written verification from the Social Security Administration; (c) the receipt of a disability check (ex., Social Security Disability Insurance check or Veteran Disability Compensation); (d) intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence</p>				



United Way
of the Midlands

<p>in paragraph (c)(1), (2), (3), or (4) of [24 CFR 578.37(a)(i); 24 CFR 578.103(a)]</p>				
<p>Participant Income Documentation</p>				
<p>5. Documentation for all sources of income</p>				
<p>6. Summary of steps taken to verify that the participant does not receive other subsidies for rent. Utilities. etc.</p>				
<p>7. Documentation of search in HMIS for duplicative services AND prior rental/utility assistance to ensure maximum number of over payments are not exceeded.</p>				
<p>8. Does the file contain documentation of total adjusted income and rent calculation? Annual re-certification?</p>				
<p>9. Where an occupancy charge or rent was charges to a household, do records confirm that the recipient or its sub recipient retained the following documentation of annual income: a. Income evaluation form completed by the recipient; [24 CFR 578.75(h);24 CFR 578.103(a)(17)] 1. a. b. source documents for the assets held by the program participant and income received before the date of the evaluation (e.g., most recent wage statements, unemployment compensation statement, public benefits statements, bank statement); [24 CFR 578.103(a)(6)(ii)] c. if source documents were unavailable, a written statement by the relevant third party or the written certification by the recipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the</p>				

<p>most recent 3-month period; or [24CFR 578.103(a)(6)(iii)]</p> <p>d. if source documents and third party verification were unavailable, the written certification by the program participant of the amount of income that the program participant was reasonably expected to receive over the 3-month period following the evaluation? [24 CFR 578.103(a)(6)(iv)]</p>				
<p>10. Are the most recent income FMR and Rent Reasonableness guidelines being used?</p>				
<p>Supportive Services/Termination</p>				
<p>11. Are all records regarding the program participant centrally located?</p>				
<p>12. Evidence that Race and Ethnicity data is tracked according to federal reporting requirements.</p>				
<p>13. Documentation supporting that CoC Program assistance has ended, that the household is no longer in need of services, and household has been exited out of HMIS. (if applicable)</p>				
<p>D. Did the recipient provide supportive services for residents of the project and homeless persons using the project – to the extent practicable, which may be designated by the recipient or participant? (If Applicable) Do the records include:</p>				
<p>1. Program intake/eligibility documentation; e.g. participant application. executed release of information forms, etc.</p>				
<p>2. Identification; e.g. government issued proof of citizenship: birth certificate, social security card, driver license, passport</p>				
<p>3. HMIS Consent to Release Information Form signed by both client and staff</p>				
<p>4. Is there a completed HMIS Entry/Exit form in the file (or other like form)? Is exiting data completed if the case is closed?</p>				
<p>5. Evidence of referrals to mainstream resources, etc.</p>				

6. Copy of household budget and budget goals (only for applicable programs)				
14. Documentation for termination if the participant has been terminated from the program. Must include at least the following:				
a. The program participant’s receipt of written program rules and the termination process before the participant began to receive assistance;				
b. The program participant’s receipt of written notice containing a clear statement of the reasons for termination;				
c. A review of the decision, in which the program participant was given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and				
d. The program participant’s receipt of prompt written notice of the final decision?				

Section X - Additional questions (non scoring)

Describe the grantee agency’s programmatic capacity to administer the HUD grant(s).

Describe the grantee agency’s financial management capacity to administer the HUD grant(s).

In times of limited federal funding, can the grantee utilize non-CoC funding sources for all or a portion of the grant?

Totals for scoring categories - Transfer weighted points from sections to chart below:

Section #	Section Name	Maximum Points	Weighted Points
II	Housing Performance	35	
III	Income Performance	35	
IV	HMIS Data Completeness	5	
V	Bed Utilization Rates	25	
VI	Prioritization	+/-	
VII	Property Condition	+/-	
VIII	HUD/HEARTH Priorities	+/-	
IX	Participant File Review	30	
	Total		

Scoring Definitions: Max Points = 135/Score adjusted to 100 point scale.

60 or below = Needs Improvement (corrective action plan required)

61-88 = Meets Expectations

89+ = Exceeds Expectations

Overall comments on grant performance