

**FLORIDA HIV/AIDS PROGRAM  
HOUSING SUPPORT SERVICE FILE REVIEW WORKSHEET**

Payer Program: Ryan White Part B , Patient Care Networks General Revenue , 4B000 General Revenue

		Y	N	N/A	COMMENTS
1	Client ID #				
2	Notice of Eligibility is current				
3	HOPWA Program is not currently being accessed				
4	Client Needs Assessment for Assistance ( <i>Attachment 4 in Housing Guidance</i> )				Date:
5	Signed and dated Housing Plan of Care ( <i>Attachment 1 in Housing Guidance</i> ) includes the following items:				Date:
	• Goals and target dates for client financial independence				
	• Alternatives to Housing Support Services assistance explored				
	• Client progress and participation in meeting goals				
	• Accomplished goals and completion dates				
6	Housing Plan of Care updated monthly during enrollment (update is performed whether or not financial assistance is accessed)				
7	Housing Plan of Care coordination with HOPWA Program				
8	Client Budget Worksheet ( <i>Attachment 5 in Housing Guidance</i> )				
9	Assistance does not exceed 12 months in a 24-month period				
10	Local guideline met (list, as approved by Community Programs):				
11	Comprehensive case notes are sufficient to document each encounter with client, and mirror the Housing Plan of Care				
12	Assistance period ended with client in stable housing status				
13	File contains accurate and updated information; file is maintained in organized and orderly fashion				
14	Client Housing Support Service Payment Assistance Worksheet ( <i>Attachment 2 in Housing Guidance</i> ) completed				
Additional Comments					