

## Client Files (Required Documents)

The chart below outlines the required documentation Subrecipients must maintain in the client files for all TANF Program participants. If monitored by IHCD, the compliance monitor will either view the compliance item in HMIS/DV ClientTrack or request a digital copy. Subrecipients are expected to provide requested documents within a few business days.

Client File Documentation	
Compliance Item	Acceptable Forms of Documentation
<p><b>Coordinated Entry (CE) Referral</b> (Required if using TANF as match for RRH) <b>OR</b> <b>Internal Selection Process</b> (Required if NOT using TANF as match)</p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• CE referral form with VI-SPDAT score (up to Nov 5<sup>th</sup>, 2024)</li> <li>• CE referral form with CHAT score (On Nov 6<sup>th</sup>, 2024, and thereafter)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p>Documentation verifying that client was selected through internal selection process.</p>
<p><b>Proof of client's U.S. citizenship or legal U.S. residence</b> <a href="#">IC 12-14-2.5-1</a> <a href="#">8 USC 1641 (b)</a> <a href="#">8 USC 1612</a> <a href="#">8 USC 1613</a></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Original birth certificate demonstrating client born in U.S.</li> <li>• U.S. Passport</li> <li>• Certificate of U.S. Citizenship or Naturalization</li> <li>• Unexpired U.S. permanent resident card (green card)</li> <li>• SSA Records</li> <li>• Form FS-545</li> <li>• Form I-197</li> <li>• County Department of Health birth records</li> <li>• Form FS-240</li> <li>• Form I-97</li> <li>• Form 179</li> <li>• Census indicating age and citizenship</li> <li>• Signed self-attestation form (fraud disclaimer) and signature</li> <li>• Case manager attestation</li> </ul>
<p><b>Proof of dependent child's U.S. citizenship or legal U.S. residence</b></p>	<p>Refer to cell directly above for acceptable forms of documentation.</p>
<p><b>Social Security Number (SSN)</b> <a href="#">45 CFR 205.52</a></p>	<p>Request SSN for each member of the household and record the SSN as part of intake in HMIS/DV ClientTrack.</p>
<p><b>Proof of Indiana Residency</b> <a href="#">45 CFR 233.40</a></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Unexpired Indiana driver's license</li> <li>• Unexpired Indiana ID card</li> <li>• Employment records</li> <li>• Religious records</li> <li>• Local postal record</li> <li>• Rent/mortgage receipts and/or utility bills</li> <li>• Bank statement</li> <li>• Pre-printed pay stub</li> <li>• Medicaid or Medicare benefit statement</li> </ul> <p><b>In the event no written documentation is available, a collateral contact may be used for verification:</b></p> <ul style="list-style-type: none"> <li>• Landlord</li> <li>• Neighbor</li> <li>• Utility company</li> <li>• School</li> <li>• Shelter manager</li> <li>• Employer</li> </ul>

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<p><b>Proof of dependent child being in client's custody</b></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Original birth certificate that attests to parent-child connection between client and dependent child</li> <li>• Physician, marriage, court or adoption records</li> <li>• Passport</li> <li>• Immigration records</li> <li>• SSA records</li> <li>• Adoption certificate</li> <li>• School or religious documentation</li> <li>• Records of social agencies (local offices)</li> <li>• Third-party attestation (not related to child)</li> <li>• I-94 (for refugee or eligible non-citizen applicants)</li> </ul>
<p><b>Proof of Homelessness OR Proof of At Risk of Homelessness</b></p>	<p>Provide the following:</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Homeless Documentation Form</u></a></li> <li>• 3<sup>rd</sup> party reference confirming client's homeless status.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p>Provide the following:</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>At Risk of Homelessness Documentation Form</u></a></li> <li>• 3<sup>rd</sup> party reference confirming client's at risk of homeless status.</li> </ul>
<p><b>Income Eligibility</b> (Income must be at or below <b>200%</b> of FPL) <a href="#"><u>2024 Federal Poverty Guidelines</u></a></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Completed <a href="#"><u>Income Eligibility Worksheet</u></a></li> <li>• Your agency's documentation of household income calculation</li> <li>• <a href="#"><u>Zero Income Affidavit</u></a>, if household has no income</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Official/credible income source documents, if household has income</li> </ul>
<p><b>Intake Assessments</b></p>	<p>This is completed in HMIS/DV ClientTrack through the program intake workflow.</p>
<p><b>Coordinated Entry (CE) Consent Form</b> (Only required if using TANF as match for RRH)</p>	<p>This is completed in HMIS through the CE intake workflow.</p>
<p><b>Program Agreement</b></p>	<p>The Program Agreement is an internal document from your organization. The client must sign and date the Program Agreement.</p>
<p><b>Grievance &amp; Termination Policies</b></p>	<p>The grievance &amp; termination policies may appear as a separate form or as part of the above Program Agreement.</p>
<p><b>Rent Reasonable &amp; Fair Market Rent Valuations</b></p>	<p>Use <a href="http://affordablehousing.com"><u>affordablehousing.com</u></a> to generate a Rent Reasonable Valuation PDF. Use <a href="#"><u>HUD FMR Documentation System</u></a> to generate a FMR Valuation PDF. Maintain these PDFs in client's file.</p>
<p><b>Housing Quality Standards Inspection</b> <a href="#"><u>24 CFR 576.403(c)</u></a></p>	<p><a href="#"><u>HUD HQS Inspection Checklist</u></a></p>
<p><b>Lead-based Paint (LBP) Exemption Form</b></p>	<p><a href="#"><u>Lead-based Paint Exemption Form</u></a></p>
<p><b>LBP Disclosure</b> (if lead is found in home)</p>	<p><a href="#"><u>Lead-based Paint Disclosure Form</u></a></p>
<p><b>LBP Ongoing Maintenance Agreement</b> (if lead is found in home)</p>	<p>This will be an internal document from your organization.</p>
<p><b>Lease (Executed)</b></p>	<p>This document will come from the landlord or leasing company.</p>
<p><b>Request for Unit Approval Form</b> (only for RRH)</p>	<p><a href="#"><u>Request for Unit Approval Form</u></a></p>

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<b>Rapid Re-Housing RAP Contract OR Homelessness Prevention RAP Contract</b>	<b><u>RAP Contract – Rapid Re-Housing</u> <u>RAP Contract – Homeless Prevention</u></b>
<b>Case Management Notes</b> <i>(for current/future rental/utility assistance only)</i>	Notes from monthly case management meetings maintained within HMIS/DV ClientTrack. Subrecipients can choose the style/format of these notes.
<b>“Services” Notations</b>	Per <a href="#">24 CFR 576.500(f)(1)</a> , record services provided to client in HMIS/DV ClientTrack.
<b>Exit Assessment</b>	This is completed in HMIS/DV ClientTrack when the client has stopped receiving TANF assistance.