

2023 Intent to Renew – Desk Audit Guidance



Please note that this guidance is being provided in advance to allow agencies additional time to prepare. The ITR submission form has not yet been released and you will receive access to that on March 6.

Introduction:

The goals of the Intent to Renew (ITR) are to identify areas where proactive support and technical assistance can strengthen the Chicago CoC and ensure compliance with HUD requirements, local priorities, and expectations.

In this section of the ITR, policies/procedures in specific areas (designated as desk audit topics) are requested for review. The 2023 ITR Desk Audit topics are listed below.

Responses to these topics will be accepted through an Alchemer electronic form. One submission will be required per agency. However, with each topic there will be an opportunity to upload multiple responses for different projects. The criteria that All Chicago will use when reviewing the responses has been provided.

POLICIES TO ATTACH: A) Homeless Documentation, B) Chronic Homeless Documentation (PSH only), and C) Lead-Based Paint Compliance

Attachment A: Homeless Documentation Policy/Procedure

To be completed for all program models, including PSH, RRH, TH, Joint TH-RRH, SH, and SSO.

Agencies must have written policies/procedures for documenting homeless status at entry into the project. Please upload policies/procedures that outline the agency's process for documenting a participant's experience of homelessness in accordance with applicable requirements.

Criteria

All Chicago will refer to the criteria listed below when reviewing the policies/procedures to assess whether they address all the following:

- a) Overall practice of documenting the applicable homeless definition and meeting recordkeeping requirements for each HUD homeless category that is applicable to the project. These definition and recordkeeping requirements are outlined [here](#).
- b) Adherence to HUD's order of priority of obtaining homeless documentation. Guide staff to prioritize homeless documentation types as follows [24 CFR 578.103(a)(3); 24 CFR 576.500(b)]:
 - First priority: third-party documentation
 - Second priority: intake worker observation
 - Third priority: self-certification.
- c) That agency staff ensures documentation of homelessness (e.g., third-party documentation, intake worker observation) provides clear evidence of the participant's homelessness status.

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- For example, guidance for staff to ensure that a third-party letter contains specifics such as:
 - i. where the person specifically resided (e.g., name of shelter, etc.)
 - ii. how the person who is writing the letter can verify the information (e.g., observed person on a CTA train on specific dates)
 - iii. signatures and dates on the letter
- d) The agency's process for documenting staff's due diligence efforts to obtain the highest priority type of homeless documentation. For example:
 - Indicate that project staff must document their attempts to obtain the highest priority homeless documentation possible.
 - Include guidance for documenting the number of attempts to obtain homeless documentation and on what day staff attempted to obtain homeless documentation.
 - Include guidance on where staff should document attempts to obtain homeless documentation (e.g., case notes, phone logs, etc.).

Attachment B: Chronic Homeless Documentation (PSH Projects ONLY)

Agencies with PSH projects should have policies/procedures for documenting chronic homeless status and are required to use the Chronic Homeless Verification Packet (for participants in PSH projects). Please upload policies/procedures detailing this process.

Criteria

All Chicago will refer to the criteria listed below when reviewing the policies/procedures to assess whether they address all the following:

- a) That the agency uses the Chronic Homeless Verification Packet.
 - Specifically, the policy demonstrates that the PSH project completes the Chronic Homeless Verification Packet Sections 1-4 (referral, disability documentation checklist, time accumulation worksheet, and chronic homelessness determination) for every enrolled participant. Exhibits I and II are optional and projects may use other sufficient documentation in place of these forms.
- b) That the agency has established/named which projects are required to use the Chronic Homeless Verification Packet.
- c) That the agency has internal guidance on how to use the Chronic Homeless Verification Packet. For example, the policy provides directions to staff including expectations for staff to be trained on using the Chronic Homeless Verification Packet.

Attachment C: Lead-Based Paint Compliance

To be completed for projects with housing units, including the following program models PSH, RRH, TH, Joint TH-RRH, and SH.

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Agencies must adhere to lead-based paint safety requirements. Please upload policies/procedures that outline the agency's process for meeting basic lead-based paint requirements.

Criteria

All Chicago will refer to the criteria listed below when reviewing the policies/procedures to assess whether they address all the following basic lead-based paint requirements from the [Lead Safe Housing Rule \(LSHR\) Toolkit](#):

- a) That the agency completes a lead screening worksheet for each household to establish if the agency is required to perform a visual assessment for the unit/participant. The agency is required to complete a lead screening worksheet for each household to demonstrate knowledge of whether a visual assessment is required.
- b) That the agency provides or ensures the landlord provides a lead disclosure notification form. The participant must sign the disclosure notification form by or prior to the lease signing date.
- c) That the agency provides or ensures that the landlord provides the 'Protect Your Family from Lead in Your Home' pamphlet. The agency also ensures that it documents evidence that the participant has received or has seen the pamphlet on or before the lease signing date. This evidence can be documented through an acknowledgement form, by including the pamphlet with the lease and saving it in the participant's file, or by using a disclosure notification form that also includes mention of the pamphlet.
- d) That the agency ensures that a visual assessment is completed in all instances when it is required under the LSHR.
- e) That the agency ensures that staff completing the visual assessment receive proper training and become certified to perform the visual assessment. Also, staff must complete the training and certification process on an annual basis.

NOTE: The LBP requirements for site-based projects with buildings built after 1978 are slightly different. Projects are expected to have policies/procedures regarding the disclosure notification form and pamphlet requirements. They are also expected to complete one lead screening worksheet that applies to all tenants in the building and their policies/procedures should detail that the lead screening worksheet applies to all residents in the building. In addition, the policies/procedures should instruct staff to ensure that the screening worksheet is included in any participant files under review, if the project is selected for monitoring. Projects are not expected to complete a visual assessment or ensure that staff are trained to complete the visual assessment, and the agency's policies/procedures do not need to address these two requirements.