

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

**SERVICE COORDINATOR REVIEW
CHECKLIST**

D R A F TD R A F T**

OMB Approval No. 2502-0447
(exp. xx/xx/xxxx)

Service Coordinators in MF Housing HUD Staff Program Review Checklist		Purpose of Report A. Site Visit <input type="checkbox"/> Date: B. Desk Review <input type="checkbox"/> Date:	
Projects Serviced by the Service Coordinator:		Name and Address:	
Number of Units:	Project Designated for: <input type="checkbox"/> elderly <input type="checkbox"/> disabled <input type="checkbox"/> family	Number of Weekly Hours at Each Site:	
Service Coordinator Funding: (check all that apply) <input type="checkbox"/> Budget Based <input type="checkbox"/> Residual Receipts <input type="checkbox"/> Excess Income <input type="checkbox"/> Grant		Grant #: Date Last Budget Approval: Funding Amount: Funding Time Period:	
Date Service Coordinator Hired:		Persons Interviewed: Site Manager Name: Service Coordinator Name: Other: <i>(Owner or management agent staff or contractor. Provide name and job titles)</i>	
I. Reports			
Field staff should review reports received in the field office prior to the program review. Copies of any recent missing reports should be obtained during the review			
A. Semi-annual performance Report (HUD 92456)			
Date Last Report Received:		Six Month Reporting Period:	
Numbers of frail, at-risk, and non-elderly disabled residents listed on report:			

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Is the report completed appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No	Areas requiring follow-up during review:
B. Copy of Quality Assurance (QA) Report for QA Provider (if applicable)	
Does the program use HUD funds to pay for quality assurance that meets program guidelines? <input type="checkbox"/> Yes If yes, date of last received copy of report: <input type="checkbox"/> No If no, no report is required	
Does the report indicate that the QA provider is effectively providing the intended program evaluation allowed by the Service Coordinator Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Reports Required of Grant Recipients	
1. LOCCS Payment Voucher (HUD 50080-SCMF)	
LOCCS Drawdowns of Grant Funds	Does the grant agreement stipulate draw down of grant funds from LOCCS ? <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
Does the grantee draw down regularly according to this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Date Last voucher received: Time period covered by last voucher: Are vouchers submitted timely following each draw down from LOCCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the grantee provide the type of back-up documentation you've requested to justify dollar amounts on the Payment Voucher (e.g. invoices, receipts, payroll statements, check stubs, or cancelled checks?) <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Federal Financial Report (SF-425)	Date last report received: Six month reporting period:
Are the reports completed appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Do the reported amounts correspond to the amounts drawn down from LOCCS in that six- month period and the balance remaining in the LOCCS account at the end of the period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Do the dollar amounts on these reports correspond to the estimated itemized expenses on the most recently approved budget (form HUD-91186-A or HUD 91186)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what are the discrepancies?
<p>3. Annual Logic Model Reports (HUD 96010 for grants awarded in Fiscal Year 2007 and after</p> <p>Date last report received: Annual Reporting Period:</p>	<p>Is the report completed appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?</p> <p>Areas requiring follow-up during review:</p>	
D. Financial Reports for program funded with Section 8, PRAC, Residual Receipts, or Excess Income:		
Indicate report type and date of last received report that included Service Coordinator program expenses:		
Annual Financial Statement (AFS) Profit and Loss Statement, Account 6900, Elderly and Congregate Services?	Report Type	Date of Last Report
When AFS not applicable, narrative report of funds used?		
Funds Authorization for use of Reserve for Replacement or Residual Receipts (HUD-9250), (for the use of residual receipts?)		
Annual narrative report for Excess Income used?		

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<p>Do the dollar amounts on these reports correspond to the estimated itemized expenses on the most recently approved budget (form HUD-91186-A or HUD 91186)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what are the discrepancies?</p>	
II. Questions for the Service Coordinator	
1. How do you spend your day?	
2. What is an average day like?	
a. Describe the resident population.	
b. What is the functional status of the resident population at each project served?	
<ul style="list-style-type: none"> Estimated number of frail elderly residents (deficient in 3 or more activities of daily living): 	<ul style="list-style-type: none"> Estimated number of at-risk elderly residents (efficient in 1 or 2 activities of daily living):
<ul style="list-style-type: none"> Number of non-elderly residents with disabilities: 	<ul style="list-style-type: none"> Explain how these numbers were determined:
3. What are the types of services most needed by residents?	
4. Which services do you help residents obtain most frequently?	
<p>What other supportive services do the residents receive (private pay, from public or community agencies, volunteers, friends/family)?</p>	
5. Describe any other programs or activities that you organize or facilitate for the residents and/or property management staff.	
6. Have you been involved in any community advocacy? <input type="checkbox"/> Yes <input type="checkbox"/> No	What did you do?

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7. Which community agencies, schools, churches, etc. do you work with most frequently?
8. Other Questions (please add):
9. Is there anything else you'd like to tell us about the Service Coordinator program?
III. Questions for Owner/Agent Staff
1. How does the Service Coordinator affect your work?
2. What effect has the Service Coordinator had on the project and the residents?
3. Are there any issues HUD should be aware of?
4. Is there anything else you'd like to tell us about the Service Coordinator program?
IV. Program Administration
A. Qualifications
1. Is the Service Coordinator's resume on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the Service Coordinator's job description on file and is it consistent with Handbook requirements and with the duties being performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the Service Coordinator's qualifications consistent with program/Handbook requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Training
1. Are training requirements being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">• First time Service Coordinators – 36 hours during first year of employment

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<ul style="list-style-type: none">• Ongoing 12 hours annually
2. Is the training consistent with statutory and administrative requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the completed training documented and is certificates maintained in the Service coordinator's files? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Service Coordinator's Office
1. Is the Service Coordinator's office clearly identifiable, accessible to people with disabilities, and private? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are the temperature, furniture configuration, lighting, and privacy of the office conducive to meetings with residents? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the Service Coordinator's office hours clearly posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
D. File Review
1. Resident Files
a. Are the Service Coordinator's resident files kept secure and confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none">• Are paper files kept in a locked cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No• Are electronic files secured with a password? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are resident files organized and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have residents signed a Release of Information form authorizing HUD staff access to the case files? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reviewer cannot review the case file unless a Release of Information form is obtained from the resident. If no, proceed to Section E.
d. Are intake/assessment forms included in each case file? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are referrals to community agencies indicated and follow-up information documented?

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<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Are progress notes/status detailed in each case file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Is the disposition or termination of each case documented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Program Files		
Do the Service Coordinator and property management staff maintain program files that record pertinent program activities and expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the following types of documents maintained in the files?		
<ul style="list-style-type: none"> • Data on the numbers of residents served and the types of services arranged for and received by the residents. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
<ul style="list-style-type: none"> • Information on other services, support groups, community advocacy and tenant organizations, and the like developed or aided by the service coordinator. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Notes of any relevant meetings or discussions. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Service coordinator/aide job position descriptions. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Copies of pay statements and invoices for purchasing of goods or services. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Records of other administrative costs 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Official grant documents and correspondence to and from HUD. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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E. Quality Assurance		
1. Does the program budget include Quality Assurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, skip to section F.
2. What is the cost of QA and is it less or equal to 10 percent (10%) of the salary rate?		
3. Who is the QA provider?	Is the QA provider a third party or a social services unit of a regional or nationwide housing provider?	
4. Is there a QA contract available for HUD to review?		
5. Did the owner submit to HUD documentation that supports the qualifications of the QA provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this information provided to HUD prior to the first QA payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the provider qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. The QA provider is responsible for evaluating the performance of the Service Coordinator. Use the copies of the QA reports received in the field office to answer the following questions. If you have not received copies of QA reports or the reports are not complete, ask the following of the Service Coordinator and/or site manager:		
a. Conduct the first review 6 months after hire with additional reviews completed at least every 12 months thereafter?		
b. Interview residents to evaluate resident satisfaction?		
c. Interview the site manager to evaluate program effectiveness?		
d. Review resident files for program compliance?		
e. Prepare written annual/year-end report?		

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F. Actual Program Expenses	
Examine payroll records, invoices, receipts, and any other evidence of program expenses that were incurred and/or paid in the last year. Were actual salary, benefits, and other expenses consistent with the information provided in the following documents:	
1. The most recently approved program budget (HUD-91186 or 91186-A)?	
2. The most recently submitted Semi-Annual Performance Report (HUD-92456)?	
3. For grant recipients, LOCCS Payment vouchers (HUD-50080-SCMF), with attached back-up documentation of incurred expenses, submitted during the last year?	
4. For project-funded programs, the most recent AFS, HUD 9250, or Excess income certification?	
5. Is there evidence that funds earmarked for Service Coordinator expenses were used to pay for ineligible items?	
G. Informational Materials	
1. Is a directory of service agencies and contacts maintained and available to all parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are informational packages (i.e., pamphlets and brochures) available for residents and interested parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. Optional Resident Questions	
1. Have the residents been interviewed about the service coordinator's role?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are the residents knowledgeable about the service coordinator program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What do the residents have to say about the Service coordinator program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Do residents believe the service coordinator program is beneficial?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, why?						
5. List the strengths of the program according to the residents.							
6. List the weaknesses of the program according to the residents.							
RATING: Above Average: Satisfactory: Unsatisfactory: Not Rated :							
<hr/> <table style="width:100%; border:none;"> <tr> <td style="width:35%; border:none;">Signature</td> <td style="width:40%; border:none; text-align:center;"><i>(Person Preparing the Report)</i></td> <td style="width:25%; border:none; text-align:right;">Date</td> </tr> <tr> <td style="border:none;">Name/Title</td> <td style="border:none;"></td> <td style="border:none;"></td> </tr> </table>		Signature	<i>(Person Preparing the Report)</i>	Date	Name/Title		
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<hr/> <table style="width:100%; border:none;"> <tr> <td style="width:70%; border:none;">Signature of Supervisor</td> <td style="width:30%; border:none; text-align:right;">Date</td> </tr> </table>		Signature of Supervisor	Date				
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Public reporting burden for this collection of information is estimated to average _____ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.