

CASE NOTES THAT MATTER



A Practical Guide to Efficient, Outcome-Focused Documentation for Homeless Services Programs

Partner Agency Whitepaper

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EXECUTIVE SUMMARY

Case notes are among the most important records maintained by homeless service providers. They support continuity of care, demonstrate participant engagement, document progress toward housing stability, and provide evidence needed for monitoring and compliance.

Case managers serving sheltered and unsheltered households frequently balance large caseloads, crisis response, transportation demands, and significant time spent in the field. Traditional office-based approaches to documentation often struggle to keep pace with these realities.

Professional organizations increasingly emphasize that documentation systems should support practice rather than interfere with it. Effective case notes should be timely, factual, outcome-focused, efficient, and purposeful.

This whitepaper reviews practical documentation frameworks, field-based collection strategies, emerging technologies, and recommended practices that help staff maintain high-quality records while supporting participant outcomes and meeting monitoring expectations.

This paper is intended to serve as both a training resource for Partner Agencies and a companion document to future Program Review and Certification monitoring guidance.

1. INTRODUCTION

Case notes are more than compliance records. They tell the story of participant engagement, barriers encountered, interventions provided, and progress achieved.

HUD does not prescribe a specific format for documenting participant interactions. Instead, the quality of documentation is evaluated by whether it demonstrates participant engagement, supports housing and service decisions, and reflects progress toward identified goals.

Good case notes answer five essential questions:

1. What happened?
2. Why did it happen?
3. What action was taken?
4. How did the participant respond?
5. What happens next?

High-quality documentation contributes to participant outcomes, program performance, and accountability.

Pull Quote

“Case notes are not merely administrative records. They are evidence of participant engagement and progress toward housing stability.”

2. WHY DOCUMENTATION MATTERS

Participant Care

Quality documentation promotes continuity between staff members and supports coordination among providers. Clear records allow participants to receive consistent services even when multiple staff members are involved.

Program Operations

Case notes facilitate communication, supervision, and quality assurance. They help supervisors identify training opportunities and allow agencies to evaluate service effectiveness.

Monitoring and Compliance

Case notes frequently provide evidence supporting:

- Participant engagement;
- Housing search activities;
- Service plan implementation;
- Progress toward goals;
- Barriers to stability;
- Program completion or termination decisions.

Performance and Outcomes

Strong documentation supports accurate reporting and demonstrates program effectiveness.



3. HUD EXPECTATIONS AND MONITORING IMPLICATIONS

HUD does not require agencies to use a specific documentation framework. Instead, documentation should demonstrate that:

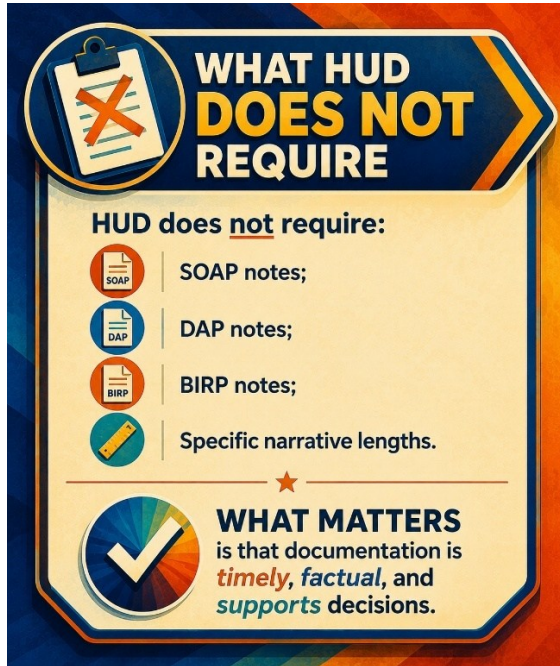
- Participants are actively engaged;
- Services are connected to identified needs;
- Progress toward goals is occurring;
- Decisions regarding assistance are supported;
- Significant barriers and changes in circumstances are documented.

Monitoring activities frequently review case notes to verify:

- Participant engagement;
- Housing search efforts;
- Service delivery;

- Goal attainment;
- Program completion or termination decisions.

Case notes should complement the Individual Housing and Service Plan and help tell the participant's story.



4. DOCUMENTATION MODELS

SOAP NOTES

SOAP notes organize information into four sections:

Subjective

Information reported by the participant.

Objective

Observable facts and measurable information.

Assessment

Professional interpretation of progress and barriers.

Plan

Follow-up actions and next steps.

Strengths

- Detailed;
- Widely used in healthcare;
- Separates facts from opinions.

Limitations

- Can become lengthy;
 - More clinically oriented.
-

DAP NOTES

DAP notes organize information into:

Data

Facts and participant statements.

Assessment

Interpretation of progress and barriers.

Plan

Actions and follow-up activities.

Strengths

- Efficient;
- Simple;
- Well suited for housing programs.

Limitations

- Data section may become too broad.
-

BIRP NOTES

BIRP notes emphasize interventions and participant response.

Behavior

Participant presentation and concerns.

Intervention

Actions taken by staff.

Response

Participant reaction to interventions.

Plan














Future activities.


Strengths

- Demonstrates active case management;
- Highlights participant response;
- Useful in intensive service settings.

Limitations

- May emphasize interaction more than the goal.
- Can become repetitive.
- Can be time-consuming.

	 SOAP NOTES	 DAP NOTES	 BIRP NOTES
 COMPLEXITY	 Moderate	 Simple	 Moderate
 PRIMARY FOCUS	Assessment and clinical judgment	Facts and progress toward goals	Interventions provided and participant response
 ASSESSMENT	★ ★ ★ Strong	★ ★ Moderate	★ ★ Moderate
 INTERVENTIONS	★ ★ Moderate	★ ★ Moderate	★ ★ ★ Strong
 PARTICIPANT RESPONSE	★ ★ Moderate	★ Limited	★ ★ ★ Strong
 BEST SETTING	Clinical and behavioral health settings	Housing programs and general case management	Behavioral health and intensive case management
 RELATIONSHIP TO IHSP GOALS	★ ★ ★ Good	★ ★ ★ Excellent	★ ★ ★ Excellent

 All three models support high-quality documentation. Choose the approach that best fits your program, services, and the needs of the participants you serve.

Pull Quote

“Document progress, not activity.”

5. WRITING OUTCOME-FOCUSED NOTES

Strong notes emphasize participant progress rather than staff activities.

Weak Example

Reviewed housing resources.

Strong Example

Reviewed three landlord opportunities. Participant selected one property and agreed to submit an application before the next meeting.

Strong notes describe:

- Progress;
- Barriers;
- Decisions;
- Participant engagement;
- Participant response.

Avoid Activity-Based Documentation

Rather than documenting that staff provided a referral, describe what occurred as a result of the referral and how the participant responded.

GOOD DOCUMENTATION TELLS THE STORY
OF:

- PROGRESS;** What the participant is achieving and steps forward.
- BARRIERS;** Challenges or obstacles impacting stability and goal attainment.
- INTERVENTIONS;** Actions or services provided to address needs.
- DECISIONS;** Choices made by the participant or decisions made by the program.
- OUTCOMES.** Results of actions taken and progress toward goals.

6. RECOMMENDED WORKFLOW FOR HIGH-CASELOAD PROGRAMS

Modern practice increasingly supports a two-stage approach.

Capture First

During participant interactions, capture:

- Keywords;
- Short phrases;
- Voice notes;
- Checklists;
- Text-to-speech entries.

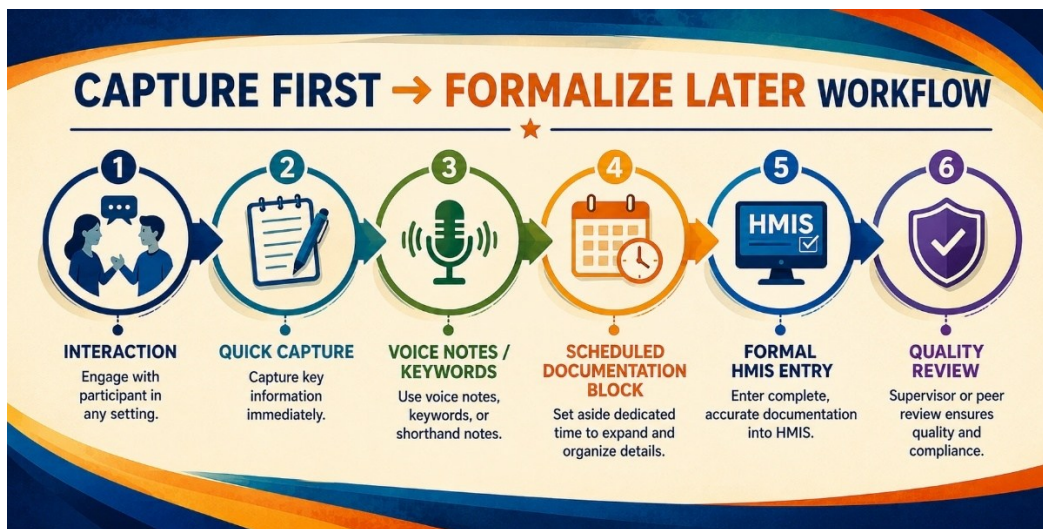
These are not intended to become the final case note.

Formalize Later

Convert captured information into a formal note using:

- SOAP;
- DAP;
- BIRP;
- Agency-approved formats.

Documentation should ideally be completed within twenty-four hours.



7. DOCUMENTATION TOOLS AND TECHNOLOGY

Mobile Phones

Useful for:

- Secure note applications;
- Calendars;
- Voice dictation;
- Reminders.

Tablets

Useful for:

- Assessments;
- Electronic signatures;

- HMIS access.

Voice-to-Text Technology

Benefits include:

- Reduced typing burden;
- Better retention of details;
- Increased timeliness.

Templates and Prompts

- Standard prompts help improve consistency and efficiency.
-

8. TRAUMA-INFORMED DOCUMENTATION

Documentation should reflect respect, objectivity, and participant dignity.

Use Person-First Language

Avoid labels and judgmental terminology.

Focus on Observable Facts

Describe behaviors rather than assigning motives.

Highlight Strengths

Document resilience, choices, and progress whenever possible.

Example

Instead of:

“Client was manipulative.”

Consider:

“Participant expressed frustration regarding program requirements and declined the referral offered.”

Pull Quote

“Language shapes perceptions. Objective documentation supports dignity and trust.”

9. COMMON DOCUMENTATION PITFALLS

Common challenges include:

- Delayed entries;
- Copy-and-paste narratives;
- Opinions presented as facts;
- Excessively lengthy notes;
- Missing participant response;
- Activity-focused documentation;
- Incomplete follow-up plans.

Agencies should emphasize quality over quantity.

10. EMERGING TECHNOLOGIES AND ARTIFICIAL INTELLIGENCE

The future of documentation is likely to include:

- Mobile HMIS applications;
- Speech-to-text software;
- Standardized template libraries;
- Dashboard reminders;
- Artificial intelligence-assisted note drafting.

Technology should enhance professional judgment rather than replace it.

Pull Quote

“Technology should enhance professional judgment—not replace it.”

11. TOP TEN DOCUMENTATION PRACTICES

1. Document within twenty-four hours.
2. Separate facts from opinions.

3. Focus on outcomes.
4. Connect notes to IHSP goals.
5. Document barriers.
6. Record interventions.
7. Include participant response.
8. Explain important decisions.
9. Use professional language.
10. Keep notes concise and purposeful.

Top Ten Documentation Practices Wheel



12. CONCLUSION

Case notes are not merely administrative records. They are an extension of practice and one of the most important tools available to case managers.

The challenge facing staff serving sheltered and unsheltered households is not remembering everything. The challenge is developing systems that allow important information to be captured quickly, organized consistently, and transformed into meaningful records that tell the participant's story.

Effective documentation supports participant outcomes, strengthens accountability, and demonstrates the value of services provided.

APPENDIX A

SAMPLE SOAP CASE NOTE TEMPLATE

Participant Name: _____

Program: _____

Date of Contact: _____

Type of Contact: Office Visit Home Visit Phone Call Outreach Virtual Meeting

Other: _____

Staff Name: _____

S – SUBJECTIVE

What did the participant report?

Document the participant's statements, concerns, perceptions, or self-reported circumstances.

Examples

- Participant reported increased anxiety related to housing instability.
- Participant stated they attended two job interviews during the past week.
- Participant expressed frustration regarding transportation barriers.

Case Note:

O – OBJECTIVE

What facts or observations were noted?

Document observable behaviors, measurable information, and actions that occurred.

Examples

- Participant arrived on time for the appointment.
- Submitted two rental applications.
- Provided updated income documentation.
- Appeared appropriately dressed and engaged throughout the meeting.

Case Note:

A – ASSESSMENT

What is your professional assessment of the participant’s progress, barriers, or current circumstances?

Separate professional judgment from facts.

Examples

- Housing search efforts continue despite transportation challenges.
- Participant remains motivated and engaged in services.
- Lack of identification documents continues to delay housing placement.

Case Note:

P – PLAN

What will happen next?

Document follow-up activities, referrals, assignments, and next steps.

Examples

- Provide bus passes to support housing search activities.

- Assist participant with obtaining replacement identification.
- Follow up next week regarding submitted applications.

Case Note:

Follow-Up Date

Referrals Provided

Participant Goals Addressed

- Housing Stability
- Income/Benefits
- Employment
- Health Care
- Behavioral Health
- Transportation
- Education
- Other: _____

Barriers Identified

- Transportation
- Documentation
- Landlord Denial

Employment

Income

Behavioral Health

Physical Health

Other: _____

APPENDIX B

SAMPLE DAP CASE NOTE TEMPLATE

Participant Name: _____

Program: _____

Date of Contact: _____

Type of Contact: Office Visit Home Visit Phone Call Outreach Virtual Meeting

Other: _____

Staff Name: _____

D – DATA

What happened?

Document:

- Participant statements;
- Facts and observations;
- Activities completed;
- Services provided;
- Information collected or verified.

Prompts

- What did the participant report?
- What occurred during the interaction?
- What was observed?
- What services or assistance were provided?
- What progress or barriers were discussed?

Examples

- Participant reported submitting two housing applications.
- Participant stated transportation difficulties caused them to miss a medical appointment.
- Reviewed landlord leads and assisted with completing one application.
- Participant provided updated income verification.

Case Note

A – ASSESSMENT

What does the information mean?

Document:

- Progress toward goals;
- Barriers and challenges;
- Changes in circumstances;
- Level of engagement;
- Professional interpretation.

Prompts

- Is progress occurring?
- What barriers remain?
- Have circumstances changed?
- How engaged is the participant?
- What concerns require follow-up?

Examples

- Participant remains actively engaged in the housing search process.
- Transportation barriers continue to affect access to employment opportunities.
- Income verification requirements have delayed benefit enrollment.
- Participant demonstrated increased motivation and follow-through.

Case Note

P – PLAN

What happens next?

Document:

- Referrals;
- Follow-up activities;
- Tasks assigned to staff or participant;
- Future appointments;
- Next steps.

Prompts

- What will happen before the next contact?
- What assistance will staff provide?
- What actions has the participant agreed to complete?
- When will follow-up occur?

Examples

- Provide bus passes to support employment activities.
- Refer participant to legal aid regarding eviction concerns.
- Follow up next week regarding pending housing applications.
- Participant agreed to obtain identification documents before the next meeting.

Case Note

Goals Addressed

- Housing Stability
- Income/Benefits
- Employment

- Health Care
 - Behavioral Health
 - Transportation
 - Education
 - Other: _____
-
-

Barriers Identified

- Transportation
 - Documentation
 - Landlord Denial
 - Income
 - Employment
 - Behavioral Health
 - Physical Health
 - Family Conflict
 - Other: _____
-
-

Referrals Provided

Follow-Up Date

APPENDIX C

SAMPLE BIRP CASE NOTE TEMPLATE

Participant Name: _____

Program: _____

Date of Contact: _____

Type of Contact: Office Visit Home Visit Phone Call Outreach Virtual Meeting

Other: _____

Staff Name: _____

B – BEHAVIOR

What was the participant's presentation or concern?

Document:

- Participant statements;
- Observable behavior;
- Mood and affect;
- Current concerns;
- Significant changes in circumstances.

Prompts

- What brought the participant to the meeting?
- What concerns did the participant report?
- What was observed?
- How did the participant present?

Examples

- Participant appeared frustrated and expressed concerns regarding housing denials.
- Participant reported increased anxiety related to employment instability.
- Participant arrived on time and actively participated in the discussion.

Case Note

I – INTERVENTION

What actions were taken by staff?

Document:

- Services provided;
- Advocacy efforts;
- Referrals made;
- Education provided;
- Problem-solving activities.

Prompts

- What assistance was provided?
- What information or resources were discussed?
- What advocacy efforts occurred?
- What actions did staff take?

Examples

- Reviewed landlord leads and completed one housing application.
- Provided transportation resources and discussed bus routes.
- Referred participant to legal aid for eviction prevention services.
- Assisted participant with obtaining replacement identification documents.

Case Note

R – RESPONSE

How did the participant respond?

Document:

Participant reactions;

- Statements made by the participant;
- Level of engagement;
- Decisions made;
- Agreement or disagreement with recommendations.

Prompts

- How did the participant react?
- What did the participant say?
- Did the participant accept or decline services?
- Did the participant demonstrate understanding or motivation?

Examples

- Participant expressed relief and agreed to pursue two landlord opportunities.
- Participant stated, “This gives me more options.”
- Participant accepted the referral and agreed to follow through before the next meeting.
- Participant declined behavioral health services at this time.

Case Note

P – PLAN

What happens next?

Document:

- Future activities;
- Referrals;
- Participant assignments;
- Staff responsibilities;
- Follow-up appointments.

Prompts

- What is the next step?
- What activities will occur before the next meeting?
- What follow-up is needed?
- When will contact occur again?

Examples

- Follow up next week regarding housing applications.
- Assist participant with obtaining identification documents.
- Continue employment search activities.
- Coordinate with behavioral health provider.

Case Note

Goals Addressed

- Housing Stability
 - Income/Benefits
 - Employment
 - Health Care
 - Behavioral Health
 - Transportation
 - Education
 - Other: _____
-
-

Barriers Identified

- Transportation
- Documentation
- Landlord Denial
- Income
- Employment
- Behavioral Health
- Physical Health
- Family Conflict
- Other: _____

Referrals Provided

Follow-Up Date

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