2025 Program Review and Certification Standards
G. Services Planning

New requirements are in red text and do not apply for the 2025 PR&C review. These requirements will be applicable in 2026.
Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2025 PR&C review.
Bold are requirements that now apply for the 2025 PR&C review.

Standard G1	Guideline G1	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Applicable Regulations: 576.105(2)(g)						
Staff develops individualized housing stabilization plans (IHSPs) with clients at first appointment with case manager/housing specialist. Shelters should complete the IHSP within the first 5 business days of program entry unless client is immediately enrolled in RRH. IHSPs are signed by staff and the client and include: (1) Specific goals and actions to address housing barriers and other critical service needs; (2) Client, staff, or community agency responsibility for each step;	☐ IHSPs clearly document client housing goals and the actions necessary to address housing barriers and other service needs. IHSPs utilize SMART goal format (specific, measurable, attainable, realistic, time-bound). ☐ Staff can describe the process for developing IHSPs and how clients are actively engaged in creating an achievable, time bound IHSP at program entry. ☐ Staff can describe how services are delivered in an individualized manner, beginning with an initial housing barrier and service needs assessment used to develop an initial IHSP, including with clients who have experienced multiple shelter stays, long-term homelessness, and/or disabilities. ☐ Staff assess clients on an ongoing basis and IHSPs are updated at	☐ File Review: CSB reviewed client files. ☐ Discussion: CSB discussed with agency staff.	☐ Compliant ☐ Compliant with conditions ☐ Non-compliant ☐ N/A		1	All programs except Maryhaven Safety, CPoA, Diversion, Single Adult Overflow, CARR Team, and Prevention for households that just need financial assistance and no services.

(3) Timeframes for each step; (4) Services and supports to be provided and by whom; (5) Desired housing and service need outcome(s).	least annually, but preferably quarterly, to adjust housing and service goals and actions. ☐ For YHDP programs, at youths' discretion, IHSPs should include an employment and education goal. ☐ Staff and clients sign IHSPs. A copy of the signed IHSP is available for review for each client. ☐ Family shelter staff update IHSPs with conditions if a household is re-entering within 90 days. ☐ Shelter clients who actively refuse to engage in working an IHSP despite repeated attempts by service provider in shelter may be subject to a system-wide service restriction period of up to 30 days.					

Discussion and Basis for Conclusion

Standard G2	Guideline G2	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Applicable Regulations: 24 CFR 576.500(d) and 24 CFR 578.75(b)						
Client files include up-to-date case notes that record client and	☐ Case notes are concise, factual, relevant, and legible. detailing client progress including housing	☐ File Review: CSB reviewed client files.	☐ Compliant		1	All programs except CPOA

service provider contacts and client progress toward obtaining and, where applicable, maintaining permanent housing.	stabilization once clients move into housing **and all attempts to engage clients in shelter.**		☐ Compliant with conditions			/ Homeless Hotline
	☐ **If a client misses a scheduled appointment, timely follow-up is reflected in the case notes and attempts documented to re-engage the client (copies of letters left for clients and various outreach attempt times that the staff is available to meet with client).**		☐ Non-compliant			
	☐ All shelter and TH advocates provide a weekly note in each client file stating progress towards housing goals. Shelter staff provides 1-2 sentences in a case note or activity log on staff interactions with clients and progress towards housing goals for every 7 calendar days a client is in shelter. One can be the Housing Assistance Screening Tool or a note on assisting the client in coordinating a meeting with their RRH case manager. **If a client is difficult to engage or not available (working, etc.), case notes demonstrate the attempts and/or coordination between operations and services staff and/or TH advocates to engage the client. At least two of the monthly shelter**		☐ N/A			

	staff interactions with each client must be face-to-face. No client shall receive an exit notice for refusal to engage in a housing plan without documentation of these specific attempts.					
	☐ CARR Team should document engagement as youth are contacted. **Youth should be contacted at least** monthly.					
	☐ Street Outreach should attempt to locate and confirm open clients are still unsheltered via direct contact with client at minimum once per month (HMIS Current Living Situation Assessment). Multiple monthly contacts may be documented on a Current Living Situation Assessment in HMIS or case notes in the client case file.					
	☐ Diversion, Prevention, and RRH case notes should show progress toward obtaining and, where applicable, maintaining permanent housing. Client files should demonstrate bi-weekly engagement for Prevention and monthly engagement for RRH at a minimum and demonstrate assessment of financial assistance needs (amount, type, and duration).					

	☐ PSH documents that engagement is attempted at least quarterly with the goal of monthly engagement attempts. The regularity and intensity of engagement is dependent on client needs, barriers, and preferences to ensure housing retention. Clients not needing services must still engage for their annual assessment.					
Discussion and Basis for Conclusion						

Standard G3	Guideline G3	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Applicable Regulations: 24 CFR 576.400(e) & 578.7(a)(9)						
Agencies screen and make appropriate referrals to service and mainstream benefits providers addressing client housing barriers and/or critical service needs. Staff help clients determine eligibility and complete benefit applications.	☐ The agency provides referrals to programs aiding with public assistance and benefits (such as Ohio Means Jobs, Columbus Works, Healthy Start, WIC, Public Child Care, Head Start, SNAP benefits, Medicaid, Medicare, SSI, SSDI, etc.). ☐ Other services may include but are not limited to: legal services; mediation services; employment search and retention; education and training; behavioral and physical health care services and treatment programs;	☐ Discussion: Staff explained the process for service referrals and what systems they use. ☐ File Review: Documentation that YHDP programs have SOAR-certified staff.	☐ Compliant ☐ Compliant with conditions ☐ Non-compliant ☐ N/A		1	All programs

	transcription services; material assistance programs; adult/children's protective services; and basic financial planning. ☐ The agency makes referrals to programs that provide targeted services to represented sub-populations including, but not limited to: Youth (24 and under), LGBTQ+, New Americans, Pregnant Women, Persons of Color, Survivors of Human Trafficking, Former Foster Youth (under age 22), Veterans, and Restored Citizens. ☐ Agency staff is trained to use or access SOAR resources and can describe how staff links clients to services, if applicable. YHDP programs must have SOAR-trained staff, per HUD requirements.				
Discussion and Basis for Conclusion					

Standard G4	Guideline G4	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Applicable Regulation: CPD Notice 17-01						
Programs use applicable screening and prioritization tools at client entry in compliance with Homeless Crisis Response System (HCRS)* Policies and Procedures (P&Ps).	☐ Staff can describe the process for engaging clients upon entry, including completion of the applicable screening and prioritization assessment no later than 5 business days from entry. ☐ Shelters (except Maryhaven Safety program) and TH staff complete or have access to the Housing Assistance Screening Tool (HAST) for each client within 5 business days of program entry to document prioritization. If the client has a break in shelter stays greater than 7 days, complete a new HAST. HASTs can be resubmitted at any time to get the best snapshot of a client's needs and vulnerability. **Shelters and TH staff may complete an SSNA if referring a client to the USHS pool for PSH prioritization.** ☐ Maryhaven Safety program completes the HAST when possible for clients requesting services.	☐ File Review: CSB reviewed client files. ☐ PSH monitored through USHS.	☐ Compliant ☐ Compliant with conditions ☐ Non-compliant ☐ N/A		1	Shelters (except Overflow and Safety), CARR team, RRH, PSH /USHS, TH, Outreach, **Homeless Prevention**

	☐ CARR Team and Outreach complete the Housing Assistance Screening Tool (HAST) to facilitate access to prevention, emergency shelter, rapid re-housing assistance, transitional housing, and other needed assistance and identify service needs prioritization. CARR Team and Outreach staff may complete a SSNA if referring a client to the USHS pool for PSH prioritization.				
	☐ For RRH and joint TH/RRH, the client file must include confirmation that the client was referred to the RRH or TH/RRH program (e.g., HMIS referral that matches program enrollment date, HMIS history or referral view record, or email documentation from the entity managing the prioritization pool). RRH and joint TH-RRH program staff may complete an SSNA if referring a client to the USHS pool for PSH prioritization.				
	☐ For PSH, a copy of the Severe Service Needs Assessment is available in each client file or HMIS as part of the housing				

	prioritization process managed through USHS. ☐ For HP, a copy of the Prevention Prioritization Tool is available in each client record or HMIS.				
Discussion and Basis for Conclusion					

*Homeless Crisis Response System (HCRS) Policies & Procedures

CSB reviews Tier 1 standards annually and Tier 2 standards every 4 years. For years when CSB does not review Tier 2 standards, agency staff certifies compliance with both Tier 2 and Tier 3 standards in the 'Certifying Official' column.