

CSBG ROMA CM File Checklist

Assessment	Planning	Implementation	Achievement of Results	Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Eligibility Determination</p>				
<input type="checkbox"/> •Application complete, signed and dated with 30-day income or DIS	<input type="checkbox"/> Program Agreement/ Release of Information	<input type="checkbox"/> Delivery of Services	<input type="checkbox"/> FNPIs/SRVs	<input type="checkbox"/> Client Satisfaction Survey
<input type="checkbox"/> Outcome Matrix/Client Questionnaire	<input type="checkbox"/> Financial Well-Being Survey (Optional)	<p>Client Participation</p> <input type="checkbox"/> •Supporting Documents (invoices, grades, paystubs, etc.	<input type="checkbox"/> Income Tracker with 30-60-90 days income for TOP	<input type="checkbox"/> SWOT
<input type="checkbox"/> Screening Tool	<input type="checkbox"/> Service Plan	<input type="checkbox"/> Case Notes	<input type="checkbox"/> Update to Outcome Matrix	<input type="checkbox"/> Client File Closure
<input type="checkbox"/> Notice of Denial and Appeal Rights, if applicable			<input type="checkbox"/> 2nd Financial Well-Being Survey (Optional)	