



The Community Partnership
For The Prevention
of Homelessness

THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS

TCP HUD DESK AUDIT REPORT

Contractor Name:

Contract Period:

Contract Number:

Program Name (s):

Program Type:

Capacity:

Target Population:

Maximum Length of Stay:

Contact Person (s)/Title:

Email Address:

Program Address:

Phone:

Date of Audit:

TCP Staff Conducting Audit:

Reason for Desk Audit:

- Annual Audit Complaint/Investigation CAP Follow UP Other

If other, please describe below.

Provider Scope of Work:

Contract Deliverables and General Administrative

- I. Is the provider missing Master Deliverables? Yes No

If yes, note the missing deliverables below.

- II. Is the provider missing Tier One Deliverables? Yes No

If yes, note the missing deliverables below.

III. TCP Training

Is there evidence that the provider is adhering to the TCP training requirements as outlined in the contract?

- Yes No

Observations:

IV. HMIS/Unit Inspections

Are all clients on the on the program roster in the HMIS? Yes No

Does the provider have 90% data completion in the HMIS? Yes No

Client ID	Goals			Action Steps		Case Notes	
	# of Active Goals	Dates of Active Goals	Goal Classifications	Action Steps Present	Dates of Last Action Steps	Case Notes Present	Dates of most recent Case Notes
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A. Was there an updated HQS Inspection Report Provided for this client? (Scattered Site Programs Only)

Yes No

B. Are Housing Participant and Assessment Reports (HPARs) completed for this client on a monthly basis? (Scattered Site Programs Only)

Yes No

C. Has the client signed updated program rules?

Yes No

Additional Notes:

Client ID	Goals			Action Steps		Case Notes	
	# of Active Goals	Dates of Active Goals	Goal Classifications	Action Steps Present	Dates of Last Action Steps	Case Notes Present	Dates of most recent Case Notes
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Was there an updated HQS Inspection Report Provided for this client? (Scattered Site Programs Only)

Yes No

E. Are Housing Participant and Assessment Reports (HPARs) completed for this client on a monthly basis? (Scattered Site Programs Only)

Yes No

Additional Notes:

Client ID	Goals			Action Steps		Case Notes		
	# of Active Goals	Dates of Active Goals	Goal Classifications	Action Steps Present	Dates of Last Action Steps	Case Notes Present	Dates of most recent Case Notes	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Was there an updated HQS Inspection Report Provided for this client? (Scattered Site Programs Only)

Yes No

G. Are Housing Participant and Assessment Reports (HPARs) completed for this client on a monthly basis? (Scattered Site Programs Only)

Yes No

Additional Notes:

V. Findings of Audit

VI. Corrective Action Plan

Is a corrective action plan (CAP) being issued?

Yes No

If yes, please outline the plan below.

Description of Deficiency/Items to Be Returned	Due Date

Please be advised that if a corrective action plan is issued, payments on the contracts noted may be withheld for failure to submit requested documents, make required changes or updates by the stated deadlines in this report.

Report Completed By: _____

Signature: _____ Date: _____

Report Reviewed By: _____

Signature: _____ Date: _____