Desk Audit

Project Name and Grant or Project No:		Project Address:	
Loan Status: Insured ☐ HUD-Held ☐ Non-Insured ☐	**Section 8 Contract Administration** HUD ☐ CA ☐ PBCA ☐	Subsidized - Yes ☐ No ☐ (If yes, indicate all that apply) Section 8 ☐ Rent Supplement ☐ RAP ☐ PAC ☐ PRAC ☐ Other	
Date of On-site Review:		Date of Report:	

Purpose of Report A. Site Visit ☐ B. Desk Review ☐ Number of Units	Name of Service Coordinator: Date Hired:(mm/dd/yyyy)	Project Status: ☐ Current Under Mortgage ☐ Delinquent Under Mortgage ☐ Current under Workout/Modification: ☐ Delinquent under Workout/Modification: ☐ Foreclosure in Progress

A. Qualifications and Training

	Yes / No		Comments
Are Service Coordinator's qualifications consistent with **HBK 4381.5**	**Yes** ☐	**No** ☐	Comments:
Are training requirements met? First Year – 36 hours On going – 12 hours	**Yes** ☐	**No** ☐	Comments:
Is Service Coordinator training and certification documentation included?	**Yes** ☐	**No** ☐	Comments:
Is the Service Coordinator job description on file?	**Yes** ☐	**No** ☐	Comments:
Is the Service Coordinator's job description/duties consistent with **HBK 4381.5, Chapter 8.4a.(3)?**	**Yes** ☐	**No** ☐	Comments:

B. Program Administration

	Yes / No		Comments
Is the Service Coordinator office clearly identifiable, accessible, and private?	**Yes** ☐	**No** ☐	Comments:
Are the Service Coordinator's office hours clearly posted outside of office?	**Yes** ☐	**No** ☐	Comments:
Are the Service Coordinator's files kept locked and confidential?	**Yes** ☐	**No** ☐	Comments:
Is a directory of service agencies and contacts maintained that is available to all?	**Yes** ☐	**No** ☐	Comments:
Are copies of program (resources/agencies) information packaged provided to clients? (i.e.: pamphlets and brochures)	**Yes** ☐	**No** ☐	Comments:

What is the functional status of the resident population?	Re Estimated number of frail elderly residents (deficient in 3 or more activities of daily living) Estimated number of at-risk elderly residents (deficient in 1 or 2 activities of daily living)

Is the Service Coordinator program fulltime or part-time?	**Full-time** ☐	**Part-time** ☐	Comments:
Are the Service Coordinator's hours appropriate for the number of "at-risk" and "frail" elderly and non-elderly residents with disabilities?	**Yes** ☐	**No** ☐	

File Review	**Yes**	**No**	**Comments**
1. Are tenant files organized and maintained?	☐	☐	
2. Are Intake/Assessment forms part of each case file?	☐	☐	
3. Is a case management plan included in each case file? (must include all referrals to community agencies)	☐	☐	
4. Is there a signed Release of Information form in each case file?	☐	☐	
5. Is the disposition or termination of each case documented?	☐	☐	
6. Is there a signed Confidentiality Agreement in each active file?	☐	☐	
7. Are the progress notes/status detailed for each case file?	☐	☐	

C. Quality Assurance

Does the grant/budget include Quality Assurance?	**Yes** ☐	**No** ☐	Comments:

Who is the QA provider?	Is QA provider a third party? ☐ Yes ☐ No
Is there a QA contract? ☐ Yes ☐ No	Is there a job description for the QA provider? ☐ Yes ☐ No

Does the QA provider conduct the following:	**Yes**	**No**	**Comments**
1. Evaluation of resident satisfaction	☐	☐	
2. First review completed 6 months after hire Additional reviews completed every 12 months thereafter	☐	☐	
3. Interview of property manager	☐	☐	
4. Review of tenant files	☐	☐	
5. Interviews with residents	☐	☐	
6. Provide written year-end report	☐	☐	

D. Reports

Are the following completed?	Yes	No	NA	Comments
1. SF269A	☐	☐	☐	
2. Semi-annual performance Report	☐	☐	☐	
2. HUD 9250 for owners using residual receipts	☐	☐	☐	
2. Annual Excess Income Narrative for those using excess income	☐	☐	☐	
3. Year-End Quality Assurance Report	☐	☐	☐	
3. Profit and Loss Statement with SC account noted	☐	☐	☐	
For Owners using resdual receipts the date of last budget submission along with 9250 and annual certification _____ Month Day Year				
For Owners using grants for SC position the date of last annual budget submitted _____ Month Day Year				
For Owners using annual budget for SC position the date of last annual budget submitted _____ Month Day Year				

E. Resident Participation

	Yes	No	Comments:
Have the residents been interviewed about the service coordinator's role?	☐	☐	Comments:
Are the residents knowledgeable about the service coordinator program?	☐	☐	Comments:
Is there positive feedback about the service coordinator program?	☐	☐	Comments:
Do residents believe the service coordinator program is beneficial?	☐	☐	Comments:

List the strengths of the program according to residents.	List the weaknesses of the program according to residents

F. Funding Source

Are program disbursements supported by appropriate documentation?

	Y	N
A. 50080-Voucher payment form	☐	☐
B. 9250 Request for funds Release	☐	☐
C. Payroll, check stubs, cancelled checks	☐	☐
D. Invoices	☐	☐
E. Excess income certification	☐	☐

Are vouchers submitted timely

☐ Yes   ☐ No

Date last budget submitted

_____

Service Coordinator Funding:
- ☐ Grant
- ☐ Budget Based
- ☐ Residual Receipt
- ☐ Excess Income

Are salaries, benefits, and expenses consistent with approved funding source?

☐ Yes   ☐ No

_____ _____ _____ _____
Signature/Name/Title of person preparing report   Date   Signature/Name of Supervisor   Date