|  |  |  |  |
| --- | --- | --- | --- |
| Annual Housing Quality Checklist – Page 1 of 2 For any BHS client(s) who is housed in a housing option that receives financial assistance under a BHS contract and does NOT undergo an official *Housing Quality Standards inspection/HQS conducted by Housing Authority HQS certified staff.*  **If a client is housed during an emergency situation and it is not possible to complete the checklist before move-in, this process must be completed within 10 business days of client move-in.** | | | |
| **Name/Address of Housing/Home Reviewed and unit number/room descriptor:** | | | |
| **BHS Service Provider Contract Number and Program Name:** | | | |
| **Housing Provider Contact information (name, phone number(s) and email):** | | | |
| **Name of Client(s)** *(this form can be used for multiple clients living at the same property. Please list clients who all live at this same property. For new clients moving in, the property must have been inspected within the last 30 days)* | | | |
| **Name of Reviewer** |  | **Date of inspection** |  |

**NOTE:** This Quality Standard and review process for housing financial assistance provided under a BHS contract supports the health and safety of participants enrolled in a County of San Diego BHS-funded program. The Service Provider is required to confirm that the housing under consideration meets all required elements of providing safe, decent, and sanitary housing for the initial and ongoing occupancy of enrolled participants. If the placement process indicates the presence of any health and safety issues, the home should be removed from consideration. If any of the required standards are not met or accommodated, then BHS housing financial assistance cannot be provided.

**This checklist must be completed annually for all BHS clients.**

**Instructions**: With the support of the House/Property Manager, please review the Checklist and indicate whether or not the housing meets the identified Physical Housing Elements and Housing Processes/Documents.

**I verify that the home currently  does  does not**

**meet all required standards outlined in the checklist below, providing safe, decent, and sanitary housing that is clean, safe, secure, and conducive to client recovery and the promotion of client dignity for the initial and ongoing occupancy of enrolled participants so that BHS housing payment assistance is appropriate for this housing/home.**

*If a client has been previously housed in settings that no longer meet these standards, the contractor shall work with the client to quickly move them to another housing setting that does, respecting client choice. Homes that do not undergo an official Housing Authority HQS inspection must be physically visited by FSP staff at a minimum every month.*

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Housing Specialist/Coordinator (print and sign) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant/Program Manager (print and sign) Date

# Annual Housing Quality Checklist – Page 2 of 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Property Name:** | | **Date of inspection:** | | |
| **The Housing Specialist/Coordinator completes a walk-through with House/Property Manager to review the items below, checking the areas that are specific to the client while respecting the rights and space of other tenants.** | | | | |
| **Physical Housing Elements** | **Yes**  **Pass** | **No**  **Fail** | **N/A** | **Comment** |
| All exterior doors and/or windows appear intact/not broken, and where possible are checked for security (lockable) |  |  |  |  |
| Ceilings, walls, and flooring (clean, free of damage) |  |  |  |  |
| Kitchen and bathroom plumbing appears to be working sufficiently with no visible evidence of leaks |  |  |  |  |
| Functioning smoke alarms and carbon monoxide detectors on each level of the home *(House/Property Manager can demonstrate working condition/conduct operational test)* |  |  |  |  |
| Living room/common area, backyard – furniture, flooring clean/safe |  |  |  |  |
| Kitchen - Cleanliness, Working Appliances (e.g. Stove, Fridge, Dishwasher, Sink/Disposal, Microwave) |  |  |  |  |
| Bathroom - toilet/shower, washbasin clean and working well with hot water. *For shared housing: 1 functioning toilet for every 6 residents* |  |  |  |  |
| Client living space - has a clean mattress, pillows, linen, bed bug mattress cover, and space to secure personal items |  |  |  |  |
| The home has no visible evidence of any pests/bugs |  |  |  |  |
| The home appears to be clean and well-maintained. |  |  |  |  |
|  | | | | |
| **Housing Processes/Documents** |  |  |  |  |
| Lease or a written housing agreement, or other signed documentation that outlines rights and responsibilities |  |  |  |  |
| The client was educated on the rights and responsibilities of living at the home/in housing |  |  |  |  |
| A clear statement of policies is made available to individuals and clearly explained before signing a housing agreement |  |  |  |  |
| House rules were reviewed and support the client’s rights |  |  |  |  |
| Requirements for participants are minimal and support Housing First Policies |  |  |  |  |
| The Operators/House Manager was educated on the Service provider’s crisis protocol |  |  |  |  |
|  |  |  |  | Attach photographs of all of these:   * Building exterior * Common areas inside the home * Bathroom that the client will use * Client’s room |