



Transitional Voucher

1. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Were services documented on the Transitional Voucher Assistance Purchase Request Form (Exhibit A) and/or in the progress notes?
2. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Was the Exhibit A maintained in client file?
3. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) If the client is receiving ongoing funds, was their progress reviewed every 90 days to ensure progress (Exhibit A-1)?
4. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Is the provider keeping accurate records that reflect the specific services offered to each client?
5. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Did the provider ensure the Transitional Voucher funds are used only for services and supports that cannot be paid for by another funding source?
6. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Was the client either currently experiencing homelessness, receiving care coordination services (pursuant to DCF Guidance Document 4), or Participating in FACT and ready to transition to a lower level of care?
7. Transitional Voucher (DCF Guidance Document 29, Incorporated Document 34) Is the provider using the SOAR model to assist clients in applying for SSI/SSDI?
8. Transitional Voucher MSTVS Are all required Fields of the EXH-A request document completed?
9. Transitional Voucher MSTVS Is there a lease that has the consumers name listed?
10. Transitional Voucher MSTVS Is there a landlord W9 on file?
11. Transitional Voucher MSTVS If Sober Living, is the site FARR certified?
12. Transitional Voucher MSTVS Is client uninsured and is there documentation of their status?
13. Transitional Voucher MSTVS If voucher used for pharmacy assistance, are receipts present?
14. Transitional Voucher MSTVS Is there verification that the medication purchased is related to substance use?
15. Transitional Voucher MSTVS Have other community resources been sought and documented?



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16. Transitional Voucher MSTVS Is the consumer employed?
17. Transitional Voucher MSTVS Was the client referred to SOAR?
18. Transitional Voucher MSTVS Is there a SA/MH treatment plan with the contracted provider?
19. Transitional Voucher MSTVS Are services they are receiving documented in treatment plan?
20. Transitional Voucher MSTVS Is client engaged with the services being provided?
21. Transitional Voucher MSTVS Have funds been used to meet treatment goals?
22. Transitional Voucher MSTVS Was this voucher approved for more than 3 months of assistance?
23. Transitional Voucher MSTVS Was the voucher for \$1000 or more and signed by LSF Housing Director?
24. Transitional Voucher MSTVS Did the client meet the federal definition of homelessness?
25. Transitional Voucher MSTVS Was homelessness documented when funding was requested?
26. Transitional Voucher MSTVS Was this voucher staffed by LSF Housing?