

## Client File Worksheet

Project/ Program: \_\_\_\_\_

Subcontract Reviewed: \_\_\_\_ Yes \_\_\_\_ No

Number of Clients Served: \_\_\_\_\_

Client Identifier	Signed Intake (Y or N)	Dated	Self-sufficiency Plan (Y or N)	Progress Notes (Y or N)	Meets Eligibility (Y or N)	Discharge/Closure (Y or N)	Comments

Total Compliant Files: \_\_\_\_\_ Total Non-Compliant Files: \_\_\_\_\_

Overall Comments: