

**City of Phoenix Public Transit Department  
Homeless Service Provider Program  
Compliance Review - Self-Assessment Form**

**Agency Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Please answer the following questions regarding your organization's Homeless Provider Program.

1. Is the fare media purchased by your organization through the Homeless Service Provider Program monitored by internal controls? If so, please provide a copy of your agency's policies and procedures.
  
  
  
  
  
  
  
  
  
  
2. Please describe the process your agency uses to determine the "homeless" status of your clients. If available, please provide a copy of your agency's policies and procedures for determining eligibility.
  
  
  
  
  
  
  
  
  
  
3. How many homeless clients has your organization provided fare media to during this review period? (Review period is defined as date since agency last submitted audit documentation)
  
  
  
  
  
  
  
  
  
  
4. Agency Eligibility: (please select applicable box)
  - Government Agency
  - Public/Private School or District
  - 501(c) 3 Non-profit Agency - **Please provide the following documentation:**
    - A copy of your organization's 501(c) 3 designation letter from the IRS or a copy of your organization's articles of incorporation.
    - Written proof of current good standing with the Arizona Corporation Commission.

Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal is defined as the responsible party/ head of the organization (CEO, Executive Director, etc.)