SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

Watsonville/Santa Cruz City & County Continuum of Care (CoC)
HMIS Agency Corrective Action Plan

Date of Notification: _____

Agency:_____

Executive Director/HMIS Lead for Agency: _____

Email: _____ Phone: _____

Itemized Violation(s)	Applicable Documents
1.	
2.	
3.	
4.	

Itemized Corrective Measures	Expected Completion Date
1.	
2.	
3.	
4.	

HMIS Resources to Support Corrective Measures:

Agency Administrator/Director Signature _____ Date _____

CoC HMIS Coordinator Signature _____ Date _____