

Verification of Chronic Homelessness Documentation Checklist and Summary

An applicant must be chronically homeless to be considered for PSH. To be considered chronically homeless, the Head of Household (HoH) must meet at least one of the specific elements of each of the following criteria:

1. Housing Status

- Currently homeless and has been continuously homeless for one year or longer
- Currently homeless and has experienced four or more occasions of homelessness, totaling 12 months or more, in the past three years
- Has been residing in an institutional care facility for fewer than 90 days and his/her housing status was either a. or b. before entering that facility

2. Disability

- Developmental Disability
- HIV or AIDS
- Physical, mental, or emotional impairment that meets all of the following criteria:
 - Is expected to be of long-continuing or indefinite duration, and
 - Impedes the individual's ability to live independently, and
 - Is such that the ability to live independently could be improved with more suitable housing

To confirm program eligibility, please complete this form in its entirety.

Head of Household Name: _____ Date: _____

Referring Staff & Organization: _____ VI-SPDAT Score: _____

Disability – as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (43 U.S.C. 11360(9)).

Third Party Documentation is required. Please indicate the type of verification supplied and attach to this form.

- ☐ Written verification from a **licensed professional** certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently
- ☐ Written verification from the **Social Security Administration**
- ☐ Receipt of a **disability check**
- ☐ Temporary Option – *Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 90 days of program entry.*

Current Living Situation – To be considered chronically homeless, the individual must meet one of the following homeless conditions the night before entering the program.

Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached).

- ☐ Lives in a place not meant for human habitation or an emergency shelter.
- ☐ Has been residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above before entering the facility (including but not limited to jail, substance abuse or mental health treatment facility or hospital).

Homeless History – To be considered chronically homeless, the individual must meet one of the following two homeless history conditions. (Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached)).

The individual must have been living in a place not meant for human habitation, or an emergency shelter:

- ☐ **Continuously for at least 12 months**, without a break of 7 or more consecutive nights
- ☐ **On at least 4 separate occasions in the last 3 years**, where the combined occasions equal at least 12 months

Notes: Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was residing in an emergency shelter or place not meant for human habitation immediately before entering the institutional care facility.

A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break

Criteria for Documentation of Homeless History: You do not need to complete this page. It is for reference only.

Notes to Providers:

- At least 9 of the 12 months of homelessness or 3 of the 4 incidents of homelessness must be certified by third-party documentation. Three months or one incident can be self-certified.
- A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.
- In extreme cases self-certification of homelessness for more than 3 of 12 months or 1 of 4 incidents of homelessness is allowable if third-party documentation cannot be obtained.
 - Attempts to obtain 3rd party documentation must be thoroughly documented along with the reasons why 3rd party documentation was not obtained; and
 - This is limited to rare circumstances. No more than 25% of households served in a program during an operating year can be self-certified.

Current Living Situation	Suitable Documentation
Streets or other place not meant for human habitation	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ HMIS record of calls to Hotline and/or street outreach contacts ○ Signed letter on letterhead from street outreach or homeless service provider ○ Signed letter on letterhead from referral sources including: feeding centers, churches, somatic and behavioral health providers, crisis response, police, and libraries. OR • Self-Declaration (both of the following): <ul style="list-style-type: none"> ○ Signed declaration of homelessness ○ Written explanation by staff of attempts to secure 3rd party verification
Emergency Shelter (includes hypothermic, church-based, domestic violence and County shelters)	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ HMIS record of shelter stay ○ Signed letter on letterhead from the shelter provider OR • Self-Declaration (both of the following): <ul style="list-style-type: none"> ○ Signed declaration of homelessness ○ Written explanation by staff of attempts to secure 3rd party verification
Hospital, Jail, or Other Institution If the client's stay was 90 days or less and the client was in shelter or on the streets prior to entry, the time at the institution is counted as time homeless. If the client's institutional stay is over 90 days it is counted as a break in homelessness.	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ Letter or discharge paperwork from hospital or other institution, including admission and discharge dates ○ Referral from Dept of Corrections, Offender Reentry Program or one of the County's Specialty Courts ○ Record of institutional stay pulled from institutional database <p><i>AND</i>, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client's housing status immediately prior to stay in the institution, or identification as homeless upon intake at the institution.</p>

Chronic Homelessness Summary: Please complete this form in its entirety.

In the table below, chart the HoH's housing situation for one year or three years, depending on the category by which s/he is being qualified. Attach sufficient documentation for each change in housing situation. Up to 3 months (or one episode) can be documented through self certification.

The HoH is eligible because s/he has experience (check one)

- ☐ Continuous homelessness on the streets or in shelters for 1 year or longer (document a least the past 1 year)
- ☐ 4 or more occasions of homelessness totaling 12+ months on the streets or in the shelters in the past 3 years (document the past 3 years)

	Start Date	End Date	Duration	Location (Type)	Location (Provider name or location description)	Documentation	Attached
Episode 1				<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution< 90 days		<input type="checkbox"/> HMIS or Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 2				<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution< 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 3				<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution< 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 4				<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution< 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications

I, the Head of Household named below, certify that the timeline documented above is accurate to the best of my recollection.

Head of Household Name (printed): _____ Signature: _____ Date: _____

I, the Staff named below, certify that the timeline documented above is accurate as the HoH described it during the interview(s) conducted on the following date(s): _____

Staff Name (printed): _____ Signature: _____ Date: _____