

CoC Program Participant Homelessness Verification Form

PART 1: INSTRUCTIONS	
<input type="checkbox"/> Complete all fields in Part 2 <input type="checkbox"/> Attach all supporting documents to this form	<input type="checkbox"/> Complete all relevant fields in Part 3 <input type="checkbox"/> Maintain this form & supporting docs in participant's file <p style="text-align: center; color: red; font-weight: bold;">See Part 4 for Detailed Instructions & Part 5 for a Quick Guide to Eligibility</p>

PART 2: GENERAL INFORMATION			
Participant Name:	Participant Date of Birth:	Participant HMIS #:	
Person Completing Form:	Agency Completing:	Date Form Completed:	
Email & Phone Number for Person Completing Form:			
Email:		Phone #:	
CoC Program for which Homelessness is Being Certified:	CoC Program Type: (Check One)	CoC Project Entry Date:	
	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH		

PART 3: CURRENT HOMELESS STATUS & HOMELESS HISTORY		
Location Prior to CoC Program Entry: <i>Indicate place where client was staying immediately prior to program entry (Check One):</i> Required Documentation Must Be Attached (See Part 4).		
<input type="checkbox"/> Unsheltered <input type="checkbox"/> Rapid Re-housing <input type="checkbox"/> Hotel/Motel Paid by Govt or Charity	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing (not qualified as chronic) <input type="checkbox"/> Institution < 90 days & literally homeless prior	
Is client fleeing or attempting to flee domestic violence (Check One)? <input type="checkbox"/> YES <input type="checkbox"/> NO Required Documentation Must Be Attached (See requirements in Part 4).		
Homeless Status (Check One)		
<input type="checkbox"/> Literally Homeless (includes <90 days institution)	<input type="checkbox"/> Imminent Risk of Homelessness	<input type="checkbox"/> Fleeing Domestic Violence
Chronic/Disability Status		
Is this participant chronically homeless? (SEE HOMELESS HISTORY) <input type="checkbox"/> YES <input type="checkbox"/> NO Is this participant being qualified for permanent supportive housing? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this participant being qualified for transitional housing for disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, to any, Disability Verification must be completed.

Homeless History - EXAMPLE

Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least twelve months.

Required Documentation Must Be Attached - For more details, including institutional stays & doc requirements, see Part 4.

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #	
SAMPLE	Gateway Park	Unsheltered	Aug 2014	12/23/14	Aug-Dec: 5 months	Occasion #1
	Sister's House	Housed	12/24/14	1/2/15	10 days = break	Not Homeless
	Project Home	Emergency Shelter	1/3/15	1/10/15	January: 1 month	Occasion #2
	Gateway Park	Unsheltered	1/11/15	2/2/15	February: 1 month	
	Valley Hospital	Institutional Stay < 90 days	2/3/15	4/15/15	March-April : 2 months	Not Homeless
	Hope House	Residential Rehab > 90 days	4/16/15	8/30/15	4+months=break	
	Project Home	Emergency Shelter	8/31/15	11/5/15	Aug-Nov: 4 months	Occasion #3
	Friends/Family	Housed	11/6/15	End of Jan	2+months=break	Not Homeless
Bus Station	Unsheltered	End of Jan	2/5/16	Jan-Feb: 2 months	Occasion #4	
TOTAL # Occasions (red lengths do not count towards total):				15 months	4 Occasions	

SAMPLE PARTICIPANT QUALIFIES AS CHRONICALLY HOMELESS.

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PART 4: DETAILED REQUIREMENTS AND DEFINITIONS

PERMANENT SUPPORTIVE HOUSING – NOT FOR CHRONICALLY HOMELESS

EVIDENCE OF HOMELESS STATUS:

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven.

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

Evidence must demonstrate that the participant was currently homeless at the time of entry into the CoC program. HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. CT BOS recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

HUD has indicated that who can be considered a "service provider" is broad and can include anyone who can give their professional judgment that this person was sleeping in a qualified location during the relevant period of time. This can include but is not limited to a housing, shelter, or outreach provider, a doctor, counselor, clergy person, law enforcement officer or representative of the school system.

RRH participants retain their homeless status during the time period that they are receiving the RRH assistance. For participants **currently in RRH** seeking admission to PSH you **must also attach evidence** that they met this criteria prior to entry into RRH.

For participants **currently in TH** you **must also attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

EVIDENCE OF INSTITUTIONAL STAYS:

Attach to this form: discharge paperwork or a written or oral referral from an appropriate official of the institution, stating the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90 days. All oral statements must be recorded; OR Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; AND Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into the institutional care facility. Evidence must also demonstrate that the person met the duration of homelessness criteria immediately prior to the institutional stay ONLY if being admitted to a chronic homeless bed. **Note: People who lived in Transitional Housing immediately prior to entering an institution should retain their TH bed for 89 days and would qualify as literally homeless but not chronically homeless.**

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PERMANENT SUPPORTIVE HOUSING –FOR CHRONICALLY HOMELESS

DEFINITION

To be chronically homeless an **individual** must:

- 1) Live in a place not meant for human habitation, a safe haven, or in an emergency shelter (**Note: People living in Transitional Housing are not defined as chronically homeless by HUD.**); AND
- 2) Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in part 1; AND
- 3) Be disabled. Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for **fewer than 90 days** AND who was chronically homeless before entering that facility also qualifies. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. You **must attach evidence of the institutional stay** as described on page 3.

A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria defined above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies. To qualify the adult head of household must be disabled.

Third-party **documentation of a single encounter** with a service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

For participants **currently in RRH** you **must attach evidence** that they met these criteria prior to entry into RRH. RRH participants retain their chronically homeless status during the time period that they are receiving the RRH assistance. Time spent in RRH does not count towards an applicants' duration of homelessness.

HUD has determined that once a chronically homeless household has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, that, **under limited circumstances**, household may stay with a friend or family, in a hotel/motel, or in a transitional housing bed, while a PSH bed is identified (see details on page 5).

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EVIDENCE OF CHRONICALLY HOMELESS STATUS:

Chronically Homeless participant files must include evidence of:

- **Homeless Status (See Evidence of Homeless Status on page 3);AND**
- **Duration (See Option 1 and 2 on page 6); AND**
- **Disability (See Disability Verification Form)**

Evidence must demonstrate that the participant was **currently chronically homeless** at the time of entry into the CoC program. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:

(1)The transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in services or to meet sobriety requirements. 2) The PSH provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter. (3) There cannot be duplication in billing for the program participant. The PSH provider and the TH provider must coordinate to ensure that appropriate services are provided and the same services are not being paid for out of both grants.

You must attach evidence of either 12 months continuous homelessness OR 4 occasions in 3 years that combined equal at least 12 months.

Acceptable forms of evidence:

CoC programs are required to maintain and follow written intake procedures establishing the order of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third. Records contained in CT HMIS are acceptable evidence of third-party documentation and intake worker observations.

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

- A. An HMIS record or record from a comparable database;
- B. A written observation by an outreach worker of the conditions where the individual was living;
- C. A written referral by another housing or service provider; or
- D. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

Limitations on use of self-certification evidence

For all clients, up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

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Option 1: Evidence of duration of homelessness – At least 12 Months Continuous

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Option 2: Evidence of duration of homelessness – At least 4 separate homeless occasions over 3 years

To qualify as chronically homeless under option 2:

- **The combined occasions must equal at least 12 months AND**
- **Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.**

HUD has not required that a single occasion of homelessness must total a certain number of days.

EXAMPLES:

John Doe qualifies as chronically homeless, because he was **continuously homeless for at least 12 months:**

- From Aug 2014 – Oct 2014, he lived in a park. You obtain a letter from an outreach worker indicating that she observed him sleeping in the park on at least 1 night in August, September and October (3 months).
- From 11/1/14 – 11/5/14, he is in jail (this is fewer than 7 days, does not constitute a break, and can be documented by self-report).
- From 11/6/14- mid December, he stays in an encampment. You obtain another letter from outreach (2 months).
- Sometime in mid December, he stays a few nights with a friend (fewer than 7 days, does not constitute a break and can be documented by self-report).
- A PSH program has a vacancy and their intake worker meets him on 7/4/15. He is staying in an emergency shelter. The intake worker prints a record from HMIS indicating he stayed in shelter during from 12/20/15 - 7/3/15 (You count each month December through July: 7 months)
- He has 12 months of continuous documented homelessness, and he enters the CoC PSH program on 7/9/15.

Jane Doe qualifies as chronically homeless, because she had **4 episodes over 3 years** that combined equaled at least 12 months:

- Jane was living in the woods for about 2 years starting sometime in the winter of 2013. You obtain a letter from the day shelter indicating that they observed Jane at the day shelter 2 or 3 times per month from March 2014 through January 2015. The letter indicates that she had untreated mental illness, was reluctant to engage with staff, and despite many attempts unwilling to reveal where she was sleeping at night other than to say she stayed in the woods. The letter also indicates that Jane: always carried her blankets and other belongings in a cart, appeared poorly groomed, and napped often and showered occasionally at the day center. You also obtain a letter from Jane indicating she stayed with her sister for 2 weeks during Christmas 2015, which constitutes a break. (March 2014 – January 2015 = 11 months; Occasions #1 & Occasion #2).
- In early January 2015, Jane gets bronchitis, and her sister lets her stay again for 2 weeks. (This constitutes a break and can be documented via self-report).
- Jane returns to the woods (Occasion #3 is documented by the day shelter). On 1/20/15, she is hospitalized until 2/27/15. You obtain a letter from the hospital social worker documenting the dates of her hospitalization. (Since the hospitalization is fewer than 90 days, preceded by unsheltered homelessness and you already counted Jan. 2015, you can count Feb. 2015 = 1 month;)
- The hospital discharges Jane to her sister's apartment, where she stays again for 2 weeks (constitutes a break, documented via self-report) then goes to an emergency shelter where she stays beginning on 3/11/15 until a PSH program has a vacancy. You obtain a letter from the shelter indicating her stay from 3/11/15 until 3/20/15 (Counts as 1 month and occasion #4)
- Jane has 4 occasions totaling 13 months and enters the CoC PSH program on 3/20/15.

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Rapid Re-Housing

Must serve only individuals or families coming from emergency shelters or the streets. Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation or in an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Transitional Housing

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (*see note below re special requirements for CT BOS CoC*).

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

OR

Individual or family will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

To document imminent loss of housing you must **attach to this form**: A court order resulting from an eviction action notifying the individual or family that they must leave; OR For Individuals and families leaving a hotel or motel, evidence that they lack the financial resources to stay; OR a documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND self-certification or other written documentation that the individual or family lacks the financial resources and support necessary to obtain permanent housing.

For participants **currently in another TH program** you **must attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Special TH Eligibility Requirements for CT BOS CoC

Applicants must be screened for diversion and admitted only if no other options are available. **Projects may serve only participants coming from emergency shelter and unsheltered locations** with income below 30% of AMI. This includes those who have been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who were residing in an emergency shelter or unsheltered location immediately before entering that facility.

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PART 5: QUICK REFERENCE GUIDE - ELIGIBILITY FOR COC PROGRAMS

Important Note: *This guide is intended for quick reference only. CoC Programs should carefully review all details regarding homelessness and disability requirements and ensure adequate documentation is in each participant chart to avoid recapture of program funds by HUD.*

Component Type	Eligible Participants
Permanent Supportive Housing – <u>Not</u> for Chronically Homeless People	<p>Currently homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing (originally from the streets or an emergency shelter), or a safe haven; OR Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; AND One or more members of the household is diagnosed with a disability.</p>
Permanent Supportive Housing –For <u>Chronically Homeless People</u>	<p>Currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter (<i>Note: People living in Transitional Housing are not defined as chronically homeless by HUD.</i>); AND Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years that combined total at least 12 months; AND An adult head of household, or, if there is no adult in the family, a minor head of household, is diagnosed with a disability.</p>
Rapid Re-housing	Individuals or families coming from emergency shelters or the streets.
Transitional Housing	<p>Currently homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (<i>see note below re special requirements for CT BOS CoC</i>). OR Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. OR Will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.</p> <p>Special TH Eligibility Requirements for CT BOS CoC Applicants must be screened for diversion and admitted only if no other options are available. Projects may serve only participants coming from emergency shelter and unsheltered locations with incomes below 30% of AMI. This includes those who have been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who were residing in an emergency shelter or unsheltered location immediately before entering that facility.</p>