

CERTIFICATION OF CHRONIC HOMELESSNESS

Appointment Date: ___/___/_____

Applicant Head of Household Name: _____

Referred By: _____

Interviewing Staff Name: _____



To confirm program eligibility, please complete this form in its entirety. In order to receive assistance from the _____ Program, an applicant must be chronically homeless according to the definition used by the U.S. Department of Housing and Urban Development (HUD). To be considered chronically homeless, a household must meet **at least one** of the specific elements of **each** of the following criteria:

1. **Housing Status**
 - a. **Have been continuously homeless for one year or longer, OR**
 - b. **Have experienced four or more episodes of homelessness in the past three years that amount to at least 12 months of homelessness in total.**
2. **Have an adult head of household (or minor head of household if no adult is present) who is living with a disability¹.**

HOUSING STATUS: As of today, do you have a permanent residence, such as a house/apartment that you rent or own, a room that you rent, or a living arrangement with a relative or a friend to sleep at their place 5 or more days a week?

- No
 Yes The household isn't eligible

If you do not have a permanent residence, where have you been living?

<input type="checkbox"/> I am staying in a place not meant for sleeping accommodation (outside, vehicle, streets, bus/train station, etc) <input type="checkbox"/> I am staying at an emergency shelter or safe haven <input type="checkbox"/> I am staying in a hotel or motel paid for by a shelter voucher, a charitable organization, or government funds	<p style="text-align: center;"><u>Required Documentation to Attach for Literal Homelessness</u></p> <input type="checkbox"/> Letter certifying Homelessness from Shelter, Outreach Provider, or other Social Services Agency <p style="text-align: center;">– OR –</p> <input type="checkbox"/> Homeless Self-Certification (only if no one can confirm homelessness) and program staff notes detailing attempts to verify information provided
<p>– If any option above is selected, please answer all questions below –</p>	
<p>1. What is the program name or location where you have been staying? _____</p> <p>2. Is there someone that can confirm this information? _____ (name and contact information)</p>	
<input type="checkbox"/> I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center). – If selected, please answer all questions below – 1. What is the name of the institution? _____ 2. How long have you stayed there? <input type="checkbox"/> Fewer than 90 Days <input type="checkbox"/> 90 Days or more The household isn't eligible 3. If fewer than 90 days, where did you stay before? <input type="checkbox"/> Emergency Shelter or Safe Haven <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other The household isn't eligible	<p style="text-align: center;"><u>Required Documentation to Attach for Institutional Stays</u></p> <p>BOTH</p> <input type="checkbox"/> Discharge or release paperwork that indicates length of stay. <p style="text-align: center;">– AND –</p> <input type="checkbox"/> Verification of homelessness prior to stay (see box above for eligible documentation types)
<p>3. What is the program name or location where you stayed previously? _____</p> <p>4. Is there someone that can confirm this information? _____ (name and contact information)</p>	
<input type="checkbox"/> None of these options apply The household isn't eligible	

¹ Disability is defined by HUD as a condition that is long-continuing or indefinite duration, that substantially impedes the individual's ability to live independently, that could be improved by the provision of more suitable housing, and is a physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use, PTSD, or brain injury), a developmental disability, or AIDS.

CERTIFICATION OF CHRONIC HOMELESSNESS

<p>A. Do you have other residence options?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes  The household isn't eligible</p>	<p><u>Required Documentation to Attach for Part 1C & 1D</u></p> <p><input type="checkbox"/> Any documentation that demonstrates attempts to identify other supports and/or residence options, including notes from this meeting</p>
<p>B. Do you have resources or support networks available to obtain permanent housing (e.g. family, friends, faith-based or social networks)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes  The household isn't eligible</p>	

Have you been homeless continuously for the last 12 months? (Any break in homelessness that is less than 7 days long does not count!)

- Yes **If yes, SKIP the next two questions and proceed to the table below.**
- No **If no, please answer the next two questions.**

If you have not been homeless continuously for the last 12 months, have you been homeless four times in the last three years?

- Yes
- No  The household isn't eligible

If you have been homeless at least four times in the last three years, do those episodes total up to 12 months of cumulative homelessness?

- Yes
- No  The household isn't eligible

Please provide the requested detail about your episodes of homelessness on the following two pages. Some tips:

- If you have only one episode of homelessness, it must be at least 12 months in duration.
- If you have four or more episodes, they must total up to 12 cumulative months of homelessness.
- You do not need to verify every day of homelessness, just every month. If you can demonstrate that you were homeless on one day of any month, you can be considered homeless for that entire month.
- If you have four or more episodes, each episode must be separated by a break of at least 7 days. If it is not 7 days, it is not a break!
 - If you were homeless for 6 months, then spent two nights at a friend's house, then returned to the streets for another month, the time at the friend's house would not be considered a break. This would be one episode of homelessness that was 7 months in duration.
 - If you were homeless for 6 months, then spent 9 days with family, then returned to the streets for another month, this would be considered two separate episodes, one 6 months long and one 1 month long, separated by one break.
- If you were in an institution (jail, hospital, etc.) for fewer than 90 days, that does not constitute a break in homelessness. For example, if you were homeless for 4 months, incarcerated for 1 month, then returned to homelessness for 4 months, that would be one 9-month episode.
- You do not need to provide your entire homeless history. Please provide only the information needed to demonstrate chronic homelessness.

CERTIFICATION OF CHRONIC HOMELESSNESS

Description of Episode 1 (Can include multiple types of homelessness)	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 1 (Must be at least 7 days or, if in an institution, 90 days)	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification (Optional – self-certification is acceptable)

Description of Episode 2 (Can include multiple types of homelessness)	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 2 (Must be at least 7 days or, if in an institution, 90 days)	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification (Optional – self-certification is acceptable)

Description of Episode 3 (Can include multiple types of homelessness)	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 3 (Must be at least 7 days or, if in an institution, 90 days)	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification (Optional – self-certification is acceptable)

Description of Episode 4 (Can include multiple types of homelessness)	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

TOTAL MONTHS OF HOMELESSNESS:

Only complete the next page if episodes 1-4 above do NOT total to 12+ cumulative months of homelessness. If the number of months is 12 or more, please continue on to Page 5.

CERTIFICATION OF CHRONIC HOMELESSNESS

Description of Break 4 <small>(Must be at least 7 days or, if in an institution, 90 days)</small>	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification <small>(Optional – self-certification is acceptable)</small>

Description of Episode 5 <small>(Can include multiple types of homelessness)</small>	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 5 <small>(Must be at least 7 days or, if in an institution, 90 days)</small>	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification <small>(Optional – self-certification is acceptable)</small>

Description of Episode 6 <small>(Can include multiple types of homelessness)</small>	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 6 <small>(Must be at least 7 days or, if in an institution, 90 days)</small>	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification <small>(Optional – self-certification is acceptable)</small>

Description of Episode 7 <small>(Can include multiple types of homelessness)</small>	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

Description of Break 7 <small>(Must be at least 7 days or, if in an institution, 90 days)</small>	Length of Break (Days)	Start of Break (Date)	End of Break (Date)	Type of Verification <small>(Optional – self-certification is acceptable)</small>

Description of Episode 8 <small>(Can include multiple types of homelessness)</small>	Addresses/Locations	Months of Homelessness	From (Month/Year)	Until (Month/Year)	Type(s) of Verification

CERTIFICATION OF CHRONIC HOMELESSNESS

Please answer the following questions and provide any additional details as requested.

<p>A. Do you have a disability or diagnosable substance abuse problem that is of long-standing duration and which limits your ability to work or live on your own?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No  The household isn't eligible</p>	<p style="text-align: center;">Required Documentation to Attach for Part 2</p> <p><input type="checkbox"/> Written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability:</p> <ul style="list-style-type: none">A. Is expected to be long-continuing or indefinite, ANDB. Substantially impedes the applicant's ability to live or work independentlyC. Could be significantly improved with improved housing <p>– OR –</p> <p><input type="checkbox"/> Written verification from the Social Security Administration</p> <p>– OR –</p> <p><input type="checkbox"/> Receipt of a disability check</p> <p>– OR –</p> <p><input type="checkbox"/> Intake staff-recorded observation of a disability that is confirmed and accompanied by evidence in this no later than 45 days from the application for assistance.</p>
<p>B. If yes, please specify the disability:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

If you feel that none of the answers above adequately describe your housing situation please provide any additional information here:

By signing below I certify that the answers I have given above are true and represent a complete accounting of my household situation.

Print Head of Household Name: _____

Head of Household Signature: _____ Date: _____

Based on the responses given by the program applicant to the preceding questions, I find that the applicant named above is chronically homeless according to the definition stated on page one (1) of this form.

Print Staff Name: _____

Staff Signature: _____ Date: _____

Agency: _____