

CT BOS CoC Program Participant Chronic Homelessness Documentation Checklist

INSTRUCTIONS

This checklist can be used by Permanent Supportive Housing projects to verify that the information provided on the CoC Program Participant Homelessness and Disability Verification Forms is sufficient to document chronic homelessness. This document is intended only as a brief summary. Please be sure to read the instructions contained on the forms carefully as they may include details that are applicable to your project.

2014 PSH Bonus projects: Please use this checklist to ensure eligibility documentation is sufficient prior to uploading to HMIS.

Please also see sample third-party verification letters available along with Disability and Homelessness Verification Forms at:

<http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>

Disability Verification Checklist

- ✓ Ensure that the participant name indicated on the form is the adult head of household or, if there is no adult in the family, a minor head of household.
- ✓ If you are using Option One (SSI/DI or Veteran's Disability):
 - A written verification from the Social Security Administration or a copy of the disability check is attached.
 - Both the Disability Verification Form and the written verification or copy of the check are uploaded to HMIS (required for 2014 PSH Bonus project, recommended for all).
- ✓ If you are using Option Two (Verification by a Licensed Professional):
 - The qualifying participants' name is printed and legible in the certification paragraph.
 - The form is signed.
 - Credentials field is complete and legible.
 - Date field is complete and legible.
 - Certifying professional is licensed by the state to diagnose and treat the qualifying participants' condition (e.g., MD, RN, APRN, LCSW, LADC).
 - Printed Name field is complete and legible.
 - License # is complete and legible.
 - Both Page 1 and Page 2 of the Disability Verification Form are uploaded to HMIS (required for 2014 PSH Bonus project, recommended for all).

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Homelessness Verification Checklist

HOMELESSNESS VERIFICATION FORM PART 2:

- ✓ Ensure Participant Name field is complete and legible.
- ✓ Ensure project entry date is complete and legible.

HOMELESSNESS VERIFICATION FORM PART 3:

- ✓ Ensure location where the client was staying immediately prior to project entry is indicated and is a qualified location (must be: Unsheltered, Emergency Shelter, Hotel/Motel paid for by Govt or Charity, Rapid Re-Housing, or Institution for <90 days; in some instances qualified participants transferred from other PSH may qualify – see CT BOS Policies and Procedures for details).
- ✓ Ensure that the dates provided demonstrate that the person is currently homeless at the time of CoC project entry (transitional housing does not qualify). HUD has indicated that if there is a delay between when documentation was initially gathered and when the participant is **accepted** into a vacant slot in the project, you must document homelessness during that period. For example, if your CAN documented someone is chronically homeless and eligible for PSH on 9/1/16, and the person is **accepted** into an available slot in a PSH project on 10/1/16, the documentation must be updated to reflect that the person was still currently chronically homeless as of 10/1/16.
- ✓ Ensure that the dates provided either:
 - Constitute 12 months of continuous homelessness without a break of seven or more consecutive nights not residing in a place not meant for human habitation or in a shelter; OR
 - Constitute at least 4 separate occasions in the last 3 years in a qualified location; AND the combined occasions equal at least 12 months; AND Each occasion is demarcated by a break of at least 7 or more consecutive nights not residing in a place not meant for human habitation or in a shelter:
- ✓ Be sure the form does not include information that would call into question the household's chronic homeless status (e.g. indicate homeless status as "At Imminent Risk of Homelessness")

Note: 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 qualifies as chronically homeless. 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. Households currently living in permanent supportive or rapid re-housing who were chronically homeless before entering that program also qualify.

Third Party Documentation

Third-party **documentation of a single encounter** with a homeless 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

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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).

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 at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report. HUD allows self-certification while third-party documentation is gathered for up to 180 days (participants enrolled for fewer than 180 days can be excluded from determination of whether at least 75% of participants have at least 9 months of third-party documentation).

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

Option 1: Evidence of 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 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.

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General guidance:

- ✓ It is not sufficient to indicate that the person is chronically homeless, has been homeless since a certain date or has been homeless on at least four separate occasions over the past three years. The documentation must provide evidence of where the household was residing (e.g. emergency shelter, campsite) and when they were residing in those locations.
- ✓ If third-party documentation cannot be obtained for any portion of the required duration, the intake worker must:
 - Document efforts to obtain third-party verification
 - Document the living situation of the individual or family (e.g. the person has been living in the woods and has not had contact with any service providers during that period.)
 - Obtain a certification from the individual or head of household
- ✓ The documentation must:
 - Be on agency letterhead.
 - Be dated.
 - Be signed (unless it is from HMIS).
- ✓ Upload both the Homeless Verification Form and the supporting documentation to HMIS (required for 2014 PSH Bonus project, recommended for all).