

# CT BOS CONTINUUM OF CARE (COC) ELIGIBILITY VERIFICATION RESOURCES

UPDATED October 30, 2017 - The resources included in this packet are intended to help CT BOS CoC funded providers to verify CoC program participant eligibility and ensure that participant charts contain adequate eligibility documentation. They have been customized for the CT BOS CoC and may not be entirely applicable to other CoCs. These resources are updated periodically. The most recent version and Microsoft Word versions are available at: <http://www.csh.org/csh-solutions/community-work/housing-development-and-operation/2578-2/>

*Includes:  
Homelessness  
Verification Form,  
Disabling Condition  
Verification Form,  
Chronic  
Homelessness  
Verification Forms  
Checklist, & Sample  
Third Party Letters  
Documenting  
Chronic  
Homelessness*

## 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 &amp; 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: <b>(Check One)</b>	CoC Project Entry Date:	
	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH		

PART 3: CURRENT HOMELESS STATUS & HOMELESS HISTORY		
<b>Location Prior to CoC Program Entry:</b> <i>Indicate place where client was staying immediately prior to program entry (Check One):</i> <span style="color: red; font-weight: bold;">Required Documentation Must Be Attached (See Part 4).</span>		
<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	
<b>Is client fleeing or attempting to flee domestic violence (Check One)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="color: red; font-weight: bold;">Required Documentation Must Be Attached (See requirements in Part 4).</span>		
<b>Homeless Status (Check One)</b>		
<input type="checkbox"/> Literally Homeless (includes <90 days institution)	<input type="checkbox"/> Imminent Risk of Homelessness	<input type="checkbox"/> Fleeing Domestic Violence
<b>Chronic/Disability Status</b>		
Is this participant chronically homeless? (SEE HOMELESS HISTORY)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to any, Disability Verification must be completed.
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	

**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 #	
<b>SAMPLE</b>	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	Occasion #3
	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 #4
	Friends/Family	Housed	11/6/15	End of Jan	2+months=break	
Bus Station	Unsheltered	End of Jan	2/5/16	Jan-Feb: 2 months		

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 indicated that if there is a delay between when documentation was initially gathered and when the participant **accepts** 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 **accepts** an available PSH slot on 10/1/16, the documentation must be updated to reflect that the person was still currently chronically homeless as of 10/1/16.

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. An intake worker may also accept as third-party documentation, the oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household). Community members must have physically observed the place where the person is residing **AND** intake worker must use professional judgment regarding reliability. If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member. Documentation requirements are more flexible for housing/service providers. Providers may also document homelessness even if their encounter with the individual was in another setting (e.g., soup kitchen, drop-in center, doctor's office).

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

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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.**

### 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. 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 the 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. Providers must specify each month of encounter, the living conditions, and nature of the conversations that

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indicated the person was homeless. Providers may not provide third-party documentation for months in which they did not encounter the person. Where providers did not observe the location where the person resides, they must state why they believe to the best of their knowledge based on professional judgment that the person is homeless.

### **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

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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.

### Rapid Re-Housing

**Must serve only individuals or families coming from emergency shelters or the streets with the exception of youth under age 25 who may also qualify under HUD Category 4** (i.e., fleeing domestic violence). **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.

## CoC Program Participant Homelessness Verification Form

### 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
<b>Permanent Supportive Housing – <u>Not</u> for Chronically Homeless People</b>	<p><b>Currently</b> 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;</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking;</p> <p>AND</p> <p>One or more members of the household is diagnosed with a disability.</p>
<b>Permanent Supportive Housing –<u>For Chronically Homeless</u> People</b>	<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>);</p> <p>AND</p> <p>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;</p> <p>AND</p> <p>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>
<b>Rapid Re-housing</b>	Individuals or families coming from emergency shelters or the streets and HUD Category 4 (DV) for youth under age 25 only.
<b>Transitional Housing</b>	<p><b>Currently</b> 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>).</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>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><b><u>Special TH Eligibility Requirements for CT BOS CoC</u></b></p> <p>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>

# CoC Program Participant Disabling Condition Verification Form

PART 1: INSTRUCTIONS			
<ul style="list-style-type: none"> <li>To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disabling condition must be documented in the participant file.</li> <li>To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disabling condition must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household.</li> <li>This form can also be used for CoC-funded TH or other programs that have committed to serving disabled people.</li> <li>Complete all fields in Part 2.</li> <li>Complete all fields under the relevant option in Part 3</li> <li>Attach all supporting documents to this form. <b>(NOTE: This form does not require specifying disability.)</b></li> <li>Maintain this form and all supporting documents in the participant's file.</li> </ul>			
PART 2: GENERAL INFORMATION			
<b>Admitting CoC Agency Name:</b>		<b>CoC Project Name:</b>	
Contact Person Name:			
<b>Contact Person Phone:</b>		<b>Contact Person Email:</b>	
<b>Participant Name:</b>	<b>HMIS #</b>	<b>Date of Birth</b>	<b>CoC Project Entry Date</b>
Part 3: DISABLING CONDITION CERTIFICATION			
Option #1: Social Security (SSI/DI) or Veteran's Disability			
Evidence must include one of the following (Check One): <ul style="list-style-type: none"> <li><input type="checkbox"/> A) Written verification from the Social Security Administration; OR</li> <li><input type="checkbox"/> B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)</li> </ul>			
<b>ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM</b>		<input type="checkbox"/> Check here to indicate that evidence has been attached.	

# CoC Program Participant Disabling Condition Verification Form

### Option #2: Verification by a Qualified Licensed Professional

(Certifying professional must be licensed by the State to diagnose and treat the qualifying condition.)

I, hereby, certify that \_\_\_\_\_ (Insert Participant Name) has been diagnosed with at least one of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

I also, hereby, certify that I am licensed by the State of Connecticut to diagnose and treat the condition that I am certifying above.

Check here to indicate that additional information regarding diagnosis has been attached (optional). **(NOTE: This form does not require specifying disability.)**

Notes (optional):

### Information About the Certifying Licensed Professional

Signature of Licensed Professional:	Credentials:	Date:
Printed Name:	Organization:	
License #:	Phone #:	

### Option #3: Intake or referral staff observation

**Must be confirmed within 45 days of the application for assistance by evidence from Option #1 or #2 above.**

I hereby certify that \_\_\_\_\_ (Insert Participant Name) meets the HUD definition of disability. **(NOTE: This form does not require specifying disability.)**

Signature of Staff:	Title:	Date:
Printed Name:	Organization:	

# CT BOS CoC Program Participant Chronic Homelessness Documentation Checklist

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## 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).

# CT BOS CoC Program Participant Chronic Homelessness Documentation Checklist

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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

# CT BOS CoC Program Participant Chronic Homelessness Documentation Checklist

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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.

# CT BOS CoC Program Participant Chronic Homelessness Documentation Checklist

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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).

U N A I i

# CT BOS CONTINUUM OF CARE

## CoC Program Participant Homelessness Verification

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### Sample Third Party Documentation of Chronic Homelessness

**Updated to Comply with HUD Final Rule on Chronic Homeless Definition**

**1/6/2017**

These sample letters can be used by CoC funded Permanent Supportive Housing projects in combination with the Program Participant Homelessness and Disability Verification Forms and Chronic Homelessness Documentation Checklist to document chronic homelessness. They are intended only as a resource.

Letters are not required to follow the formats shown.

Forms and checklist available at:

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

**EXAMPLE #1: This example would suffice alone to document at least**

**12 months of continuous homelessness.**

*Note: HUD has indicated that if there is a delay between when documentation was initially gathered and when the participant **accepts** 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 **accepts** 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.*

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently residing at the emergency shelter operated by Hope House. He has been a resident at our shelter continuously without a break of seven or more consecutive nights since July 20, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #2: This example would suffice alone to document at least**

**12 months of continuous homelessness.**

*Note: HUD has indicated that if there is a delay between when documentation was initially gathered and when the participant **accepts** 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 **accepts** 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.*

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hope House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe was a resident at our shelter from July 20, 2014 to September 2, 2014. He was then living at a campsite from September 5, 2014 through at least January 5, 2015, the date of a Hope House outreach worker's last encounter with him at the campsite. During the period he resided at the campsite, our Hope House outreach worker encountered him at least monthly observing the location in which he resided. Mr. Doe returned to the Hope House Emergency shelter on January 10, 2015 and has resided at the shelter continuously without a break of seven or more consecutive nights since that time.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #3: This example would suffice alone to document**

**at least 12 months of continuous homelessness.**

*Note: HUD has indicated that if there is a delay between when documentation was initially gathered and when the participant **accepts** 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 **accepts** 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.*

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently living outside and receiving services from our Day Shelter. Mr. Doe has been receiving services from our agency since 2013. During that period he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights. Since at least April 2013, staff at Hope House have encountered Mr. Doe at least monthly residing in shelter, in a place not meant for human habitation, or at our Day Shelter. Based on the services we have provided to Mr. Doe, including overnight shelter, access to a shower, laundry facilities, and day shelter and based on discussions with Mr. Doe, during which he provided information we believe to be credible about his living situation, I believe, according to my professional judgment, that he was homeless during the entire period described above.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter A – Documents 4 months & Occasions #1 & #2**

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from July 20, 2013 to September 15, 2013.

He returned to the Hope House Emergency shelter on January 10, 2015 and resided at the shelter until January 12, 2015.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter B – Documents 1 month and Occasion #3**

(AGENCY LETTERHEAD)

Central CT Community Services

123 Main Street

Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from April 5, 2014 to April 10, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter C – Documents 5 months and Occasion #4**

*Note: HUD has indicated that if there is a delay between when documentation was initially gathered and when the participant **accepts** 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 **accepts** 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.*

(AGENCY LETTERHEAD)

Hospitality House  
123 Union Street  
Sometown, CT 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hospitality House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe has been receiving services from our agency and living in locations not meant for human habitation periodically since at least 2012. He is currently living in a park and has been residing outside and at a bus station since April 20, 2015. I spoke yesterday to Mr. John Smith who resides at 123 River Road adjacent to the park where Mr. Doe is living. Mr. Smith verified that he has observed Mr. Doe bedded down in the park on at least 3 occasions during each of the months of June, July and August 2015. I also spoke on August 6, 2015 to Ms. Jane Jones who operates a coffee shop inside of the Sometown bus station. Ms. Jones verified that she observed Mr. Doe bedded down in the bus station on at least 5 occasions during each of the months of April and May 2015. Based on my professional judgment, I believe the information reported by Ms. Jones and Mr. Smith to be credible and that Mr. Doe has been living in places not meant for human habitation since April 2015 through present.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe  
Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter D – Client Self Report (Documents More than Remaining Months Needed and breaks of more than 7 nights separating each occasion)**

*NOTE: 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).*

August 15, 2015

To Whom It May Concern:

I am writing this letter to verify that I am homeless. I have been homeless since I lost my job and was evicted in 2012. During that time I have lived in many different places. I was arrested in September 2013 and spent about 5 months in jail. When I got out I stayed for a few days at a shelter then with a friend for about two months in February and March 2014. I had to leave my friend's place when he moved, and I camped in the woods for about 6 months during the Spring and Summer of 2014 until it got cold. During that time I kept to myself and didn't tell anyone about my situation. Then I left to stay with my grandmother in Georgia for a few months. When I came back I stayed in a shelter for a few days, then started staying with friends again from about the middle of January 2015 until it started to get warmer in April. Since then I have been sleeping in a park and sometimes a bus station.

Best Regards,

(INSERT SIGNATURE)

John Doe

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter E – Intake Worker Certification (Documents Steps Taken to Obtain Third Party Documentation)**

*NOTE:* Where third-party evidence cannot be obtained, a certification by the individual seeking assistance, 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.

*(AGENCY Letterhead)*

August 15, 2015

To Whom It May Concern:

Please accept the letter signed by John Doe on 8/15/15 as self-certification of his unsheltered homelessness for the period he lived in the woods in the Spring and Summer of 2014. As he states above, he did not tell anyone about his living situation at that time and did not seek services from any homeless service providers. We have checked with the outreach team and day shelter serving our area and they are unable to provide third party documentation of Mr. Doe’s unsheltered homelessness during that period. They did confirm that he is very proud, tries to get by on his own as much as possible without help, and avoids sharing details about his living situation.

Contained in his file are third-party documentation letters containing evidence of 4 separate occasions of homelessness over less than 3 years totaling 10 months. The letter from Mr. Doe documents more than the required additional 2 months and the breaks between each episode in order to confirm Mr. Doe’s status as chronically homeless

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist