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| **PART 1: INSTRUCTIONS** | |
| * Use only for CT YHDP Projects * Complete all fields in Part 2 * Complete all fields in Part 3 * Attach all supporting documents to this form | * Complete Pages 2 & 3 as applicable * Maintain this form & supporting docs in participant’s file * Ensure supporting documentation demonstrates eligibility as of project entry date |
| *See Quick Guide for detailed instructions on supporting documentation requirements* | |

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| **PART 2: GENERAL INFORMATION** | | | | | |
| Participant Name: | Participant Date of Birth: | | | | Participant HMIS #: |
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| Staff Person Completing Form: | Agency Completing: | | | | Date Form Completed: |
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| Email & Phone Number for Staff Person Completing Form: | | | | | |
| Email: Phone #: | | | | | |
| YHDP Program for which Homelessness is Being Certified: | CoC Program Type: ***(Check One)*** | | | | CoC Project Entry Date: |
|  | * Diversion/   Rapid Exit | * Navigator | * RRH | * Crisis Housing |  |

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| **PART 3: CURRENT HOMELESS STATUS** | | | |
| **Location Prior to YHDP Program Entry:** *Indicate place where client was staying immediately prior to program entry* ***(Check One):***  ***Required Documentation or Self-certification Must Be Attached*** *(See Quick Guide).* | | | |
| * Unsheltered | | * Emergency Shelter | * Hote |
| * Hotel/Motel Paid by Govt or Charity * Housed (Must be DV or Imminent Risk of Homelessness) | | * Transitional/Crisis Housing * Institution < 90 days & literally homeless prior |  |
| **Is client fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence that has taken place in their housing or has made them afraid to return to their housing** *(****Check One****)*?□ **YES (Category 4)** □ **NO**  ***Required Documentation or Self-certification Must Be Attached (See documentation requirements and additional examples of situations that qualify youth for Category 4 Eligibility in Quick Guide).*** | | | |
| **Homeless Status *(Check One – See Category Details in Quick Guide)*** | | | |
| * Category 1 Literally Homeless (includes <90 days institution) | Category 1 applicants are eligible for all types of CT YHDP projects | | |
| * Category 2 Imminent Risk of Homelessness | Category 2 applicants are eligible for only Diversion/Rapid Exit and Navigator projects | | |
| * Category 4 Fleeing Domestic Violence | Category 4 applicants are eligible for all types of CT YHDP projects | | |

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| Signature of Staff Person Completing Form: | Certification: | Date Certified: |
|  | **□ CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTATION VERIFYING HOMELESSNESS AND AGE IS ATTACHED; OR**  **□ CHECK BOX TO CERTIFY THAT THIRD PARTY DOCUMENTS ARE NOT AVAILABLE, DUE DILIGENCE WAS DOCUMENTED, AND CLIENT IS SELF-CERTIFYING (MUST COMPLETE PAGES 2 & 3)** |  |

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake staff must make conscientious and reasonable efforts (due diligence) to obtain third-party documentation to verify homelessness and age. However, an intake worker must never contact someone for third-party documentation if the individual or family believes that their health or safety will be jeopardized by contacting that person. In these instances, the intake worker must document the individual's or family's feelings and statements about this fear in the due diligence chart below.

If third-party documentation is not available, intake staff must document the due diligence efforts and the reasons that prevented them from obtaining third-party documentation below. Intake Worker observations is only permitted when third party verification cannot be obtained. Self-certification is only permitted when third-party documentation and intake worker observations cannot be obtained. *See Quick Guide for detailed instructions on supporting documentation requirements for homeless verification. See CT BOS policies for additional information regarding age verification.*

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| **Documentation of Intake Worker Attempts to Verify Homelessness and Age** | |
| ***Describe attempts and barriers to obtaining third-party documentation:*** | ***Attempt Dates:*** |
| Attempt #1: |  |
| Attempt #2: |  |
| Attempt #3: |  |
| Additional Attempts: |  |
| **To the best of my knowledge and ability, all information in this document is true and complete.** | |
| **Intake Worker Signature:** | **Date Certified:** |
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| **Certification** | |
| **I am currently homeless, at imminent risk of homelessness, or fleeing or attempting to flee violence. I am currently (Check One):**   * **Living in an Emergency Shelter** (not in HMIS) * **Living in transitional housing** (not in HMIS) * **Living in a hotel or motel paid for by government or charity** * **Living on the street or other place not meant for living** (examples include: car, garage, park, abandoned building) * **Exited from an institution** (examples include: jail, hospital, juvenile detention) **where I stayed for 90 days or less, AND I lived in an emergency shelter or on the street or other place not meant for living immediately prior to entering that institution.** * **Living in my own housing or with family or friends, AND I am being evicted or asked to leave within 14 days, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.** * **Living in a hotel or motel that I pay for or family or friends pay for, AND I cannot stay for more than 14 days, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.** * **Fleeing or attempting to flee my housing or the place where I stay because of domestic violence, dating violence, sexual assault, stalking or other dangerous conditions related to violence that has taken place in my housing or has made me afraid to return to my housing, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.**   **Briefly describe the place where you are currently living** (EXAMPLE: I am living in Oak Park.):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I certify that I am age \_\_\_\_\_\_\_\_ (write your age).**  **To the best of my knowledge and ability, all information in this document is true and complete. I understand that if I provide information that I know is false my participation in YHDP programs may be denied or cancelled.** | |
| **Client Signature:** | **Date Certified:** |
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