



### Verification of Chronic Homelessness

Where chronic homelessness is an eligibility requirement for entry into the Project, (e.g., Permanent Supportive Housing (PSH) for the chronically homeless), intake staff are required to verify chronic homelessness per the CoC interim rule, 24 CFR § 578.3.

**Applicant Name:** \_\_\_\_\_

**Disabled Status Verification** - *To be considered chronically homeless, the individual must have a disability as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)).*

<https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

Third-Party Documentation is required. Please indicate the type of verification supplied and attach to this form.

- Written verification from **licensed professional** in Oregon certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently.
- Written verification from **Social Security Administration**
- The receipt of a **disability check**.
- Temporary Option – *Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 45 days.*

**Current Living Situation** - *To be considered chronically homeless, the individual must meet one of the following homeless conditions the night before entering the program. An individual in transitional housing (other than GPD) is NOT considered chronically homeless; even if they met the criteria prior to entering the transitional housing program.*

Documentation is required and should be supplied with the *Chronic Homeless Summary* at the end of this form.

- Lives in a **place not meant for human habitation, an emergency shelter, or a safe haven.**
- Has been residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above before entering the facility (including but not limited to: jail, substance abuse or mental health treatment facility, or hospital)

**Homeless History** - *To be considered chronically homeless, the individual must meet one of the following two homeless history conditions.*

Please complete the *Chronic Homeless Summary* at the end of this form. This will capture the individual’s homeless history and prompt for appropriate documentation.

**The individual must have been living in a place not meant for human habitation, an emergency shelter, or a safe haven:**

- Continuously for at least 12 months, without a break of 7 or more consecutive nights**
- 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 included at least 7 consecutive nights not in a place not meant for human habitation, an emergency shelter or a safe haven.

*Note: Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, or in an emergency shelter immediately before entering the institutional care facility.*

**Certification** - Based on the information supplied on this form and the Chronic Homelessness Summary, I certify that the Applicant qualifies as chronically homeless and that the required documentation is attached.

Name/Title of Person Completing Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Chronic Homelessness Summary**

	Start Date	End Date	Duration (in mos)	Whereabouts (Provider Name or Description)	Whereabouts (Type)	Documentation (in order of priority)	Attached
SAMPLE EPISODE	1/1/2016	2/1/2016	2 Months	Rescue Mission	<input type="checkbox"/> Place not meant for habitation <input checked="" type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days <input type="checkbox"/> Safe Haven	<input type="checkbox"/> 3 <sup>rd</sup> Party - HMIS Record <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party - Housing/Service Provider <input type="checkbox"/> 3 <sup>rd</sup> Party – Outreach Worker <input type="checkbox"/> Client Self-Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Episode 1		[Current date]			<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days <input type="checkbox"/> Safe Haven	<input type="checkbox"/> 3 <sup>rd</sup> Party - HMIS Record <input type="checkbox"/> 3 <sup>rd</sup> Party - Housing/Service Provider <input type="checkbox"/> 3 <sup>rd</sup> Party – Outreach Worker <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
BREAK					<input type="checkbox"/> Institution >= 90 days <input type="checkbox"/> Other >= 7 nights _____		
Episode 2					<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days <input type="checkbox"/> Safe Haven	<input type="checkbox"/> 3 <sup>rd</sup> Party - HMIS Record <input type="checkbox"/> 3 <sup>rd</sup> Party - Housing/Service Provider <input type="checkbox"/> 3 <sup>rd</sup> Party – Outreach Worker <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
BREAK					<input type="checkbox"/> Institution >= 90 days <input type="checkbox"/> Other >= 7 nights _____		
Episode 3					<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days <input type="checkbox"/> Safe Haven	<input type="checkbox"/> 3 <sup>rd</sup> Party - HMIS Record <input type="checkbox"/> 3 <sup>rd</sup> Party - Housing/Service Provider <input type="checkbox"/> 3 <sup>rd</sup> Party – Outreach Worker <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
BREAK					<input type="checkbox"/> Institution >= 90 days <input type="checkbox"/> Other >= 7 nights _____		
Episode 4					<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days <input type="checkbox"/> Safe Haven	<input type="checkbox"/> 3 <sup>rd</sup> Party - HMIS Record <input type="checkbox"/> 3 <sup>rd</sup> Party - Housing/Service Provider <input type="checkbox"/> 3 <sup>rd</sup> Party – Outreach Worker <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Months:				[Transfer this number to A below]			

**Result of Chronic Homelessness Summary**

- A. Total # of months in a place not meant for human habitation or an emergency shelter: \_\_\_\_\_. (From above chart, must be at least 12)
- B. Time and Episodes in a place not meant for human habitation or an emergency shelter:  Continuously for 12+ Months     At least 4 times in last Three Years.
- C. Of Total Months how much was documented by Third Party documentation: \_\_\_\_\_ By Self-Cert: \_\_\_\_\_ Self-Cert must be ≤ 3<sup>1</sup>
- D. If the individual meets the above criteria they meet the homeless history criteria for Chronic Homelessness. Update Homeless History section on front of form.

<sup>1</sup> Self-Certification **must include intake worker due diligence to obtain 3<sup>rd</sup> party documentation.** If a client cannot verify 9 months homelessness through 3<sup>rd</sup> Party Documentation, the full 12 months can be documented by Self-Certification; **self-certified individuals can represent no more than 25% of program participants for any program during an operating year.**