## Cape and Islands Continuum of Care Application for Lottery for MRVP for Chronically Homeless Persons

Section 1: Demographic Information			
First Name:	Last Name:		
Date:	Where have you been staying at night?		
Preferred Language:	Secondary Language:		
How can you be contacted?	Date of Birth (xx/xx/xxxx)	ate of Birth (xx/xx/xxxx) Household Description:	
		Individual	Family
Section 2: Housing/Homelessness			
In this Section choose only one answer in each Part			
Part A.			
Where you have been staying/sleeping at night.			
Homeless in a place not meant for human habitation			
Homeless in shelter			
In Transitional Housing			
In substandard housing and/or rent is not affordable (over 30% of income)			
In stable housing that is only marginally adequate			
Housing is safe, adequate and affordable			
Part B.			
If in shelter or a place not meant for human habitation, how long have you been staying/sleeping there?			
More than 1 year			
6 months - 1 year			
1-6 months			
Less than 30 days			
Part C. Answer Part C only if Part B is less than 1 year			
If homeless now, have you experienced periods	of homelessness at least 4	times in the past 3	years?
Yes			
No			
Section 3: Disability			
Do you have a Disabling Condition as defined b	v HIID2		
Yes	y 1100:		
No			
	autotono ab es Pess	anda and an established	
HUD defines Disabling Condition as: A diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual's ability to work or perform one or more activities of daily living.			

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To be eligible to receive an MRVP from this lottery, the applicant must be a chronically homeless person. HUD defines Chronically Homeless as

- (1) A "homeless individual with a disability," as defined in the Act, who:
  - a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - b. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility.

This application must include attached documentation Chronic Homelessness. It should contain proof of

- A diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions that limits an individual's ability to work or perform one or more activities of daily living for the applicant and either;
- That the person lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- 2b Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months or
- 3a An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria above

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