

Chronically Homeless Qualification Checklist

Instructions: This checklist may be used to assure that participants meet program regulation eligibility. It should be accompanied by supporting documentation of both disability and homelessness. Together, these documents must be maintained in the client's file.

Client Name: _____

HUD defines a Chronically Homeless person as: an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with:

Part I. A Disabling Condition. *Check appropriate box(es):*

- ☐ A diagnosable substance abuse disorder
- ☐ A serious mental illness
- ☐ A developmental disability
- ☐ A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Part I is supported by a letter from a medical professional attesting to the presence of the condition or a determination from the Social Security Administration of disability status.

Yes

No

Part II. Chronically Homelessness Status.

Chronically Homeless individual is defined 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
 - i. Occasions separated by a break of at least seven nights
 - ii. Stays in institution of fewer than 90 days do not constitute a break
- (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.

Part II is supported by Third Party Certification, **which includes dates and locations of homelessness**, from one or more of the following: *Check ALL that apply*

- ☐ Certification letter(s) from an emergency shelter for the homeless.
- ☐ Certification letter(s) from a homeless service provider or outreach worker.
- ☐ Certification letter(s) from any other health or human service provider.
- ☐ Certification Self-Statement signed by the client.

Staff Name: _____ Staff Title: _____

Organization: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

Chronically Homeless Third Party Verification

Instructions: This template may be sent to homeless service providers requesting their verification of the chronically homeless status of an individual known to them. This template letter may be copied onto letterhead or recreated with the same content and printed on letterhead.

Date: _____

To:

From:

Dear _____,

_____ has applied to receive the services of a funded program serving chronically homeless persons. To qualify, the homeless person must be determined to be chronically homeless as defined by the U.S. Department of Housing and Urban Development. Certification **must include dates and locations of homelessness**. Please complete this certification and fax it to my attention as soon as possible at the following **fax number**: (_____) _____.

This information will be used for the purpose of determining the chronic homeless status of the above-named homeless person. If you have any questions please do not hesitate to contact me at the following **telephone number**: (_____) _____.

Sincerely,

(Provider Signature and Title)

(Date)

(Provider Phone Number)

(Provider E-Mail)

I hereby authorize the release of the requested information

(Signature of Client and Date)

Determination of Participant Eligibility in Programs that Require a Participant to be Disabled

The following client _____ is determined to be eligible. A person shall be considered to have a disability if such person has a physical, mental, or emotional **impairment, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently;** and is of such a nature that such ability, could be improved by more suitable housing conditions.

- (1) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that –
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in three or more of the
Following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- (3) Notwithstanding the preceding provisions of this paragraph, the term person with disabilities includes, two or more persons with disabilities living together, one or more such persons living with another person who is determined to be important to their household described in the first sentence of this definition who were living, in a unit assisted under this part, with the deceased member of the household at the time of his or her death.

I have reviewed this definition and determined that:

_____ meets the above criteria.

Signed _____ date _____

Name (printed) _____

Professional Title _____

(Documentation of a disability **must** come from a credentialed and licensed psychiatrist or medical professional trained to make such a determination **or from the Social Security Administration**) It is suggested that the diagnosis be included for an agency to make a reasonable assessment of needs.

HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

Applicant Name: _____ Date: _____

This is to certify the above individual is currently homeless based on the category checked and required documentation.

CHRONICALLY HOMELESS CERTIFICATION

Individual or family:

- ☐ Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; **and**
- (ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

NOTE:

- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration **do** maintain their Chronic Status;
- Once a person is considered qualified for a dedicated chronically homeless unit they can be placed temporarily into a Transitional housing unit until a dedicated chronically homeless unit becomes available and still be considered eligible.
- ESG Rapid Re-housing is not considered transitional housing;
- Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;
- Stays in "housed" environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.
- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client must have at least four (4) separate occasions to qualify under this option.

To certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter, the following documentation must be provided.

Option 1:

- ☐ An HMIS record or record from a comparable database. If not documented in HMIS for 12 months proceed to Option 2.

Option 2:**

- ☐ A written observation by an outreach worker of the conditions where the individual was living
or

- ☐ A written referral by another housing or service provider where the individual was living.

****Note:** One encounter per month, documented breaks in HMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

CHRONICALLY HOMELESS HISTORY SUMMARY

Instructions: This Homelessness History Summary provides a suggested timeline to be used by grantees who receive funds for programs targeted to chronically homeless persons. It may be used to analyze whether or not the chronology of a homeless person's history meets the time frame for the definition of chronic homelessness.

Provider Organization:

Client Name:

Time Period	Whereabouts	Documented?
<i>Example: Jan.1, 2005</i>	<i>Lifeline Shelter, Cleveland</i>	Yes / No <i>Yes</i>

(Provider Signature and Title)

(Date)

I hereby authorize the release of the requested information

(Signature of Client and Date)