



# **CoC Eligibility Documentation: Categories 1, 2, and 4**

# Agenda

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- I. Welcome & Introductions
- II. Defining “Homeless” & Documenting Eligibility
- III. Review & Practice
- IV. Tips for Documentation & Recordkeeping

# CoC Program & NOFA

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Department of Housing and Urban  
Development (HUD)

Annual Notice of Funding Availability  
(NOFA)

Funds permanent & transitional  
housing (PSH, RRH, TH, TH-RRH)

# Resources

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[CoC Eligibility Documentation Forms](#)

[CoC Program Interim Rule](#)

[HUD Exchange website](#)

**Homebase! SantaClaraCoC@homebaseccc.org**

# Defining “Homeless” & Documenting Eligibility

# Homeless Definition

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Final Rule defining “homeless” became effective January 4, 2012

Separate 2016 rule defines “chronically homeless”

Whom a project can serve depends on the housing/services it provides, the year it was funded, and the operating grant year

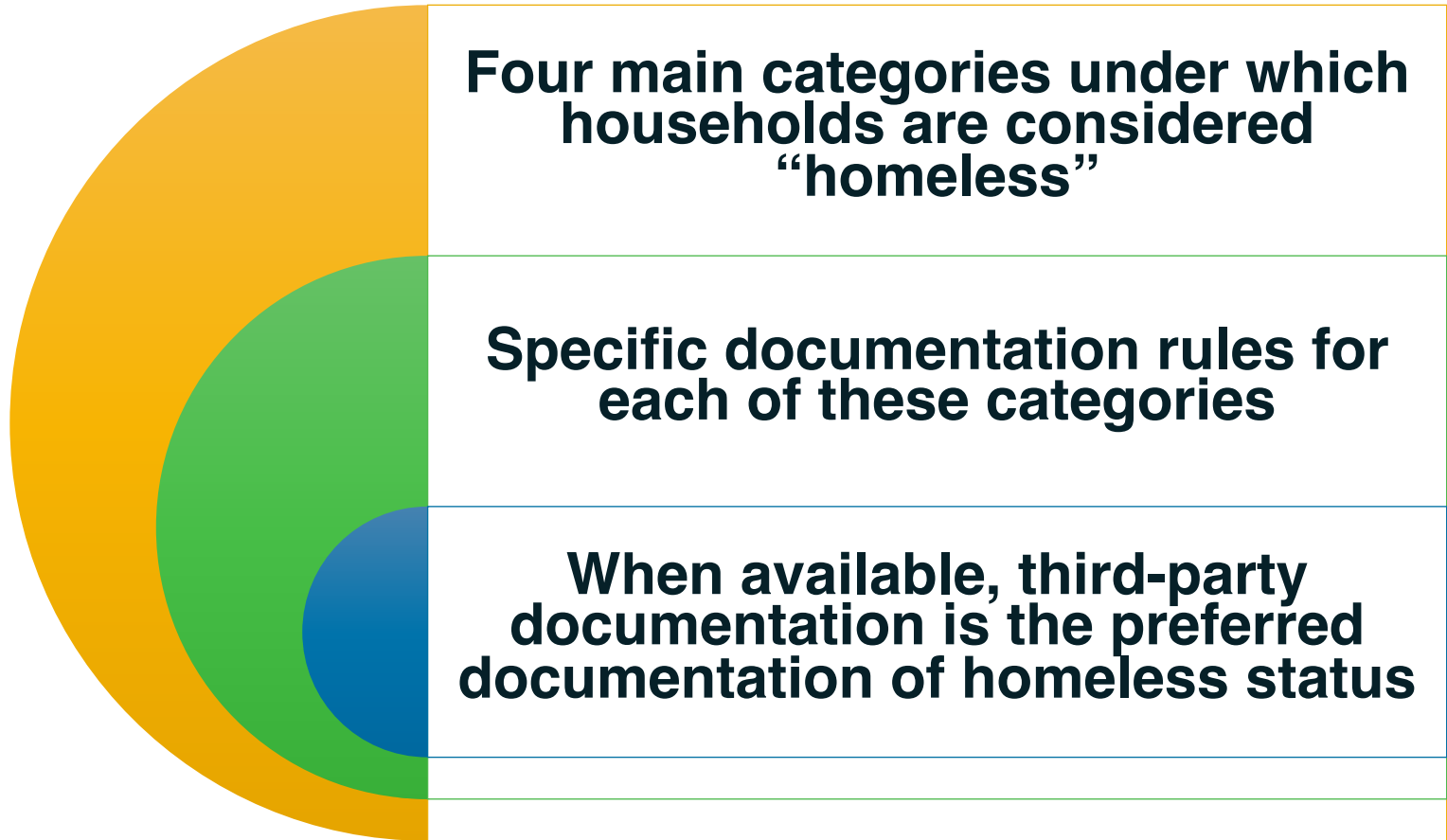
# Why Is This Important?

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- Easier to prevent errors than to correct them
  - Backfilling documentation is a pain
  - Worse, it can result in clients being exited from the project
- HUD monitoring
  - Monitoring findings can impact future funding applications
  - Can result in repaying grant funds

# Key Concepts

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# HUD's Order of Priority

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1. Third-party documentation

2. Intake worker observations

3. Certifications from the homeless individual

# Homeless Categories

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## Category 1

- Literally homeless individual/family

## Category 2

- Individual/family who will imminently lose their primary nighttime residence with no subsequent residence, resources or support networks

## Category 3

- Unaccompanied youth or family who meets the homeless definition under other federal statutes

## Category 4

- Individual/family fleeing or attempting to flee domestic violence

# How to determine eligibility for a specific project:

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- ✓ CoC NOFA under which the project was first funded; **and**
- ✓ CoC NOFA that funded the particular grant year; **and**
- ✓ Grant agreement, including commitments made in project application

# Eligibility for Permanent Supportive Housing

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## Must be:

- **For CH-dedicated PSH:** Chronically homeless
- **For non-CH-dedicated PSH:** Category 1 (literally homeless) from streets, shelter, institution, or TH where entered from shelter, streets or fleeing DV

**One adult or child must have a disability**

## Other considerations:

- Whom you applied and are approved to serve (see grant agreement)
- NOFA from applicable grant year and original NOFA

# Eligibility for Rapid Rehousing

2018 NOFA	2019 NOFA
<ul style="list-style-type: none"><li>• Category 1 (literally homeless)<ul style="list-style-type: none"><li>• From places not meant for human habitation or shelter/safe haven <b><u>ONLY</u></b></li></ul></li><li>• Category 4 (fleeing DV)</li><li>• Persons residing in transitional housing that was eliminated in a previous CoC competition</li><li>• Persons residing in the TH portions of joint TH and PH-RRH component projects</li><li>• Persons receiving VA-funded homeless assistance <b><u>AND</u></b> meeting one of the criteria above at intake</li></ul>	<ul style="list-style-type: none"><li>• Category 1 (literally homeless)</li><li>• Category 2 (imminent risk)</li><li>• Category 4 (fleeing DV)</li></ul>

Since 2017, renewal projects were no longer limited to serving participants in RRH eligible categories for the NOFA that originally funded the project.

- Could change populations served by indicating in the project application

# Eligibility for Transitional Housing

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**Category 1 (literally homeless)**

**Category 2 (imminent risk of homelessness)**

**Category 4 (fleeing DV)**

# Documentation Forms on CoC Website

## Program Management

- Addendum for CoC Lease Requirements
- Environmental Review for CEST Activities
- Environmental Review for Exempt/CENST (Categorically Excluded Not Subject To) Activities
- HUD Model DV Certification Form
- HUD Model Notice of Occupancy Rights Form
- Rent Reasonableness Checklist and Certification
- Rent Reasonableness Checklist and Certification - User Guide
- RRH to PSH Transfer Request Form

## Eligibility Verification

- Homelessness Documentation Checklist
- Chronic Homelessness Documentation Checklist
- Form A - Homelessness Certification
- Form B - Observation of Living Conditions
- Form C - Certification Based on Provider Judgement
- Form D - Verification of Disability
- Form E - Homelessness Self-Declaration
- Form F - Certification Based on Intake Conversation

## PR-VI-SPDAT

- PR-VI-SPDAT for Single Adults
- PR-VI-SPDAT for Families with Children

## SPDAT

- Service Prioritization Decision Assistance Tool (SPDAT)
- Family Service Prioritization Decision Assistance Tool (F-SPDAT)
- Youth Service Prioritization Decision Assistance Tool (Y-SPDAT)

## VI-SPDAT

- VI-SPDAT for Single Adults
- VI-SPDAT for Families with Children
- VI-SPDAT for Transition Age Youth
- VI-SPDAT for Justice Discharges

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Category 1

Literally  
homeless  
individual/family



# Category 1: Literally Homeless

**Definition:** Household lacking a fixed, regular, and adequate nighttime residence, i.e.:

Primary nighttime residence is a public or private place not meant for human habitation OR

Residing in a shelter designated to provide temporary living arrangements (e.g., emergency shelters, transitional housing, and hotels/motels paid for by charitable organizations or by government programs) OR

Exiting an institution after 90 days or fewer **and** immediately before entering that institution either resided in an emergency shelter or place not meant for human habitation

# Category 1: Literally Homeless

**Eligibility:** Projects that can serve clients that are Literally Homeless include:

Permanent Supportive Housing, if disabled (but must meet chronically homeless definition, if required)

Rapid Rehousing\*

Transitional Housing

Safe Havens

Supportive Services Only

# Category 1: Literally Homeless

## Subcategory: Place Not Meant for Human Habitation

**NOTE:** Written third-party documentation is always preferred to certify homelessness.

Applicable	In File	CATEGORY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Required Documentation in File
<b>CATEGORY 1</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>PLACE NOT MEANT FOR HUMAN HABITATION</b>, e.g., car, park, abandoned building, bus or train station, airport, camping ground (<b>OK for CH-PSH, PSH, RRH, TH, SH, SSO</b>)*</p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> HMIS record of homeless street outreach contacts</li><li><input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider</li><li><input type="checkbox"/> Homelessness Certification (Form A) from a homeless street outreach provider</li></ul> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Written Second-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Certification Based on Intake Conversation (Form F) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification</li></ul> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Written First-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li></ul>

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Form A

## Homelessness Certification (Form A)

Client(s) Name(s): \_\_\_\_\_

Household without dependent children     Household with dependent children    Number in the household: \_\_\_\_\_

This form is to certify that the above-named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. By signing this form, you are certifying this information to be true. Check only one box and complete only that section.

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### Living Situation: Place not meant for human habitation

The person(s) named above was/were living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus station, airport, or camp ground on the date(s) below.

Description of living situation (please provide the location and detailed description of living conditions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homeless Street Outreach/Referral Program Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Authorized Agency Representative Name: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Form F

[INSERT AGENCY NAME]

## SECOND-PARTY CERTIFICATION OF HOMELESSNESS BY AGENCY'S INTAKE WORKER IN THEIR PROFESSIONAL CAPACITY BASED ONLY ON INTAKE CONVERSATION (Form F)

**Intake Date:** [Click here to enter a date.](#)

**Note:** This form does not constitute third-party documentation and should be used only if third-party documentation is not available.

**Instructions:** If third-party documentation is not available, an intake worker whose only encounter with the Applicant is at the current point in which they are seeking assistance may certify homelessness even if the intake worker has not physically observed the Applicant's place of residence. This certification could include months which the Applicant could not remember but where the intake worker believes, based on their professional judgment, that it is reasonable to assume that the Applicant had been residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven. Please provide the details requested.

### INFORMATION REQUESTED

*(To be completed by the intake worker)*

<b>Month and Year When Applicant Experienced Homelessness:</b>	<b>Location Where Applicant Was Living:</b>	<b>Description of Intake Conversation with Applicant and Reason You Believe They Were Living in a Homeless Situation:</b>
<a href="#">Click here to enter text.</a>	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> <a href="#">Safe Haven</a>	<a href="#">Click here to enter text.</a>

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Form F

## (back)

### Staff Supplement to Certification Based on Intake Conversation

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt(s) made for third-party verification:*

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

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Form E

## Client Self-Declaration of Homelessness (Form E)

**Instructions:** If third-party documentation is not available, individuals or households may self-certify their current homeless status. Please initial the line below next to your current living situation and provide the details requested.

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

My current living situation is:

\_\_\_\_\_ **Place not meant for human habitation** (e.g. such as cars, parks, sidewalks)

*Location and Dates:* \_\_\_\_\_

\_\_\_\_\_ **Emergency shelter**

*Emergency Shelter Name, Location and Dates of Residency* \_\_\_\_\_

\_\_\_\_\_ **Transitional Housing**

*Transitional Housing Program Name, Location and Dates of Residency* \_\_\_\_\_

AND

*Previous Homeless Living Situation (Name, Location) and Dates:* \_\_\_\_\_

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Form E

(back)

## Staff Supplement to Self-Declaration of Homelessness

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempts made for third-party verification:*

Date of Contact	Individual/Organization Contacted	Method of Contact	Outcome of Contact

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

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>



# Category 1: Literally Homeless

Subcategory: Emergency Shelter, Safe Haven, Hotel/Motel\*

Applicable	In File	CATEGORY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Required Documentation in File
<b>CATEGORY 1</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</b></p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program</li><li><input type="checkbox"/> Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay</li><li><input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay</li></ul> <p>OR</p> <p><input type="checkbox"/> <b>Written Second-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Certification Based on Intake Conversation (Form F) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification</li></ul> <p>OR</p> <p><input type="checkbox"/> <b>Written First-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li></ul>




Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

Applicable 	In File 	CATEGORY Required Documentation in File
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/>           <input type="checkbox"/>	<p><b>HOSPITAL OR OTHER INSTITUTION</b> if client's stay was 90 days or fewer <u>and</u> client was in emergency shelter or place not meant for human habitation prior to admission (OK for CH-PSH, PSH, some RRH, TH, SH, SSO)*</p> <p><b>Documentation of institutional stay</b></p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discharge paperwork with admission and discharge dates</li> <li><input type="checkbox"/> Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates</li> </ul> <p>OR</p> <p><input type="checkbox"/> <b>Written First-Party</b> (<u>both</u> of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <u>AND</u></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li> </ul> <p><b>AND</b></p> <p><b>Documentation of client's homeless status immediately prior to institutional stay</b></p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HMIS record of shelter stay or homeless street outreach contacts</li> <li><input type="checkbox"/> Signed letter on letterhead from emergency shelter or homeless street outreach provider</li> <li><input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or homeless street outreach provider</li> </ul> <p>OR</p> <p><input type="checkbox"/> <b>Written Second-Party</b> (<u>both</u> of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certification Based on Intake Conversation (Form F) <u>AND</u></li> <li><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification</li> </ul> <p>OR</p> <p><input type="checkbox"/> <b>Written First-Party</b> (<u>both</u> of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <u>AND</u></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li> </ul>

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Category 1: Literally Homeless

## Subcategory: Exiting Transitional Housing (+)

Applicable 	In File 	CATEGORY  Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>TRANSITIONAL HOUSING</b> if graduating from or timing out of TH <i>and either</i> in emergency shelter or place not meant for human habitation prior to admission <i>or</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence <b>(OK for PSH, some RRH, TH, SH, SSO)*</b></p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> HMIS records of transitional housing stay and entry from shelter or place not meant for human habitation</li><li><input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission</li><li><input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider</li></ul> <p>OR</p> <p><input type="checkbox"/> <b>Written First-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li></ul>

Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Category 1: Literally Homeless

## Subcategory: Exiting Transitional Housing (-)

Applicable	In File	CATEGORY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>TRANSITIONAL HOUSING</b> if graduating from or timing out of TH and <i>neither</i> in emergency shelter or place not meant for human habitation prior to admission <i>nor</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence <b>(OK for some RRH, TH, SSO)*</b></p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> HMIS records of transitional housing stay and homeless living situation prior to admission</li><li><input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission</li><li><input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider</li></ul> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Written First-Party</b> (<i>both</i> of the following):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li><li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li></ul>


Source: <https://www.sccgov.org/sites/osh/continuumofcare/cocforms/pages/home.aspx>

# Category 1: Literally Homeless

## A Note on Timing

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Third-party evidence for Category 1 can be 14 days old counting back from intake.



E.g., a referral from ES dated June 1 would be an acceptable form of third-party documentation to verify homeless status through a program entry date of June 15.

# Homeless Categories

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## Category 1

- Literally homeless individual/family

## Category 2

- Individual/family who will imminently lose their primary nighttime residence with no subsequent residence, resources or support networks

# Category 2: Imminent Risk of Homelessness

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Definition: An individual/family who will imminently lose their primary nighttime residence, provided that:

Residence will be lost within 14 days of date of application for homeless assistance **AND**

No subsequent residence has been identified **AND**

The individual/family lacks the resources and support networks (i.e., family, friends, faith-based or other social networks) needed to obtain other permanent housing

# Documentation Requirements

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- Each of the 3 parts of the definition must be documented
- In other words: files for Category 2 (Imminent Risk) clients must have documentation of ALL of the following:
  - A. Residence will be lost within 14 days of application **AND**
  - B. No subsequent residence has been identified **AND**
  - C. Individual/family lacks the resources or support networks to obtain other permanent housing



# Documentation —

## Part A: Residence Lost Within 14 Days

CATEGORY 2		
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/>          <input type="checkbox"/>	<p><b>IMMINENTLY LOSING PRIMARY NIGHTTIME RESIDENCE</b>, i.e., primary nighttime residence will be lost within 14 days, <i>and</i> no subsequent residence has been identified, <i>and</i> the household lacks the resources and support networks needed to obtain other permanent housing <b>(OK for some RRH, TH, SSO)*</b></p> <p><b>At least one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court order resulting from an eviction notice or equivalent, or formal eviction notice</li> <li><input type="checkbox"/> For clients in hotels/motels <i>not</i> falling under Category 1, evidence that household lacks the financial resources necessary to stay for more than 14 days</li> <li><input type="checkbox"/> Oral statement by individual or head of household that the owner or renter of the residence will not allow them to stay for more than 14 days <i>and</i> documentation by staff of the statement client made to staff <i>and</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written verification from the owner or renter of the residence verifying client's statement <i>or</i></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure verification from the owner or renter of the residence</li> </ul> </li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Corroborating Client Self-Declaration of Homelessness (Form E)</li> </ul>

[Eligibility Verification: Homelessness Documentation Checklist](#)

# Documentation—

## Part B: No Subsequent Residence

Part B	Documentation Requirement
No subsequent residence has been identified	Certification by the individual or head of household that no subsequent residence has been identified

# Documentation—

## Part C: Lacks Resources or Support Network

Part C	Documentation Requirement
Individual or family lacks the resources or support networks needed to obtain other permanent housing	Certification or other written documentation that the household lacks the resources and support networks to obtain other permanent housing

# Category 2: Imminent Risk of Homelessness

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**Eligibility: The following project types can serve individuals at imminent risk of homelessness:**

Transitional Housing

Rapid Rehousing

Joint Transitional Housing and  
Rapid Rehousing Component

# Homeless Categories 3-4

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## Category 3

- Unaccompanied youth or family who meets the homeless definition under other federal statutes

## Category 4

- Individual/family fleeing or attempting to flee domestic violence

# Category 4: Fleeing/Attempting to Flee Domestic Violence

**Definition:** Any individual or family who:

Is fleeing, or is attempting to flee, domestic violence; **AND**

Has no other residence; **AND**

Lacks the resources and support networks (i.e., family, friends, faith-based or other social networks) to obtain other permanent housing.

“Domestic violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual/family member that make them afraid to return to their primary nighttime residence

# Category 4: Fleeing/Attempting to Flee Domestic Violence

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**Eligibility:** The following project types can serve clients fleeing domestic violence:

Permanent Supportive Housing, if disabled (but must meet chronically homeless definition, if required)

Rapid Rehousing

Transitional Housing

Joint Transitional Housing and Rapid Rehousing Component

# Category 4: Fleeing/Attempting to Flee Domestic Violence Documentation Requirements

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If you are a Victim Service Provider...

- Self Certification of Homelessness  
(Form E)



# Category 4: Fleeing/Attempting to Flee Domestic Violence Documentation Requirements

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If you are not a Victim Service Provider, and safety wouldn't be jeopardized, oral statement should be documented by...

- Written observation by intake worker verifying the condition client is fleeing OR
- Written referral from an organization from whom the individual or head of household has sought assistance.

**The safety of the client is of utmost priority, the client has the final say on what is safe and what isn't.**

# Tips for Documentation & Recordkeeping



# Details & Organization Are Key

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Organized, user-friendly case files, so that any reviewer can navigate them quickly.

Include as much detail as possible with each piece of evidence you include in the individual's case file.

Tell a complete story.

Watch out for details that undercut your evidence!  
Document your efforts to resolve conflicting details.

# What if Documentation is Not Compliant?

While circumstances may vary, programs should take immediate action to address issues:

Discuss how to handle the issue with the SCC Office of Supportive Housing;

Develop a plan to bring the program into compliance;

Remedy documentation for as many active clients as possible; **AND**

Communicate with your Field Office about the issue and steps you are taking to address and prevent reoccurrence.

# What if a Current Client is Ineligible

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Take immediate action, with steps that may include, in addition to those on the previous slide:

Work with the household and CoC to come up with an alternate plan to transition out of the program; **AND**

Ensure documentation is as accurate and complete as possible.

Thank you!

[SantaClaraCoC@homebaseccc.org](mailto:SantaClaraCoC@homebaseccc.org)

