| Eligible households meet the criteria for ONE OF THE FIVE options below. | | |
| --- | --- | --- |
| Option One: An individual/family currently experiencing chronic homelessness  (Please see the CoC Chronic Homelessness Documentation Checklist) | | |
| **Current Homelessness** | * Place not meant for human habitation * Shelter / safe haven * Institutional care facility (fewer than 90 days)   **Documentation relates to a night within 14 days prior to enrollment** |  |
| **History of Homelessness** | Total of 12 months of homelessness (continuous or 4 episodes within 3 years)   * Place not meant for human habitation * Shelter / safe haven * Break in homelessness is defined as 7 or more consecutive nights * Stays in institutions are NOT considered a break if the stay is fewer than 90 days and literally homeless immediately prior   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding eligibility and institutional stay limits.\*\* |  |
| Disabling Condition | Documentation that meets the standards described in HUD [FAQ 2763](https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/) and certifies:   * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |

|  |  |  |
| --- | --- | --- |
| Option Two: An individual/family experiencing homelessness for at least 12 months in the last three years but has not had four separate episodes | | |
| **Current Homelessness** | * Place not meant for human habitation * Shelter / safe haven   **Documentation relates to a night within 14 days prior to enrollment** |  |
| **History of Homelessness** | Total of 12 months of homelessness (continuous or episodically within 3 years)   * Place not meant for human habitation * Shelter / safe haven * Break in homelessness is defined as 7 or more consecutive nights * Stays in institutions are NOT considered a break if the stay is fewer than 90 days and literally homeless immediately prior   Obtain as much third-party evidence as possible and demonstrate due diligence at collecting third-party evidence as well as intake worker judgement when third-party evidence is limited  \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding eligibility and institutional stay limits.\*\* |  |
| Disabling Condition | Documentation that meets the standards described in HUD [FAQ 2763](https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/) and certifies:   * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |

|  |  |  |
| --- | --- | --- |
| Option Three: An individual/familycurrently residing on the streets, in a safe haven, or in an emergency shelter that do(es) not currently meet the definition of chronically homeless because they recently resided in a permanent housing project (i.e., PSH or RRH).  Please note that this third eligible category refers to persons who were admitted for entry, enrolled in the permanent housing project, and exited that project—all within the previous twelve months from the date of intake into the DedicatedPLUS project. | | |
| **Current Homelessness** | * Place not meant for human habitation * Shelter / safe haven   **Documentation relates to a night within 14 days prior to enrollment**  Follow HUD’s orders of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third |  |
| **Prior Permanent Housing Program Enrollment** | * Admitted into, enrolled, and exited a permanent housing project within the last year prior to intake   If multiple permanent housing project placements in the prior year, evidence should come from first permanent housing project the household resided in  Follow HUD’s orders of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third |  |
| **Homelessness Status Prior to Housing Placement** | Total of 12 months of homelessness (continuous or 4 episodes within 3 years))   * Place not meant for human habitation * Shelter / safe haven * Break in homelessness is defined as 7 or more consecutive nights * Stays in institutions are NOT considered a break if the stay is fewer than 90 days and literally homeless immediately prior   Obtain as much third-party evidence as possible and demonstrate due diligence at collecting third-party evidence as well as intake worker judgement when third-party evidence is limited  \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding eligibility and institutional stay limits.\*\* |  |
| Disabling Condition | Documentation that meets the standards described in HUD [FAQ 2763](https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/) and certifies:   * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |

|  |  |  |
| --- | --- | --- |
| Option Four: Individuals/families who are:   * **Currently residing in a transitional housing project that will be eliminated through reallocation** OR * **Currently residing in transitional housing funded through the Joint TH and PH-RRH Component project**   \*\*Please see [COVID-19 Waivers,](https://www.hud.gov/sites/dfiles/CPD/documents/Additional_Waivers_for_CPD_Grant_Programs_to_Prevent_COVID-19_Spread_and_Mitigate_COVID-19_Economic_Impacts.pdf) for information on temporary COVID-19 HUD Waivers regarding waiving the requirement that the transitional housing project will be eliminated.\*\* | | |
| **Current Residence** | Evidence that the program participant is currently residing in one of the above locations   * If coming from TH that is being eliminated through reallocation, must include evidence that the project was reallocated (e.g., CoC NOFA ranked list)   Y:  N:  N/A:  Follow HUD’s orders of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third |  |
| **Chronic Homelessness Status Prior to Housing Placement** | Total of 12 months of homelessness (continuous or 4 episodes within 3 years)   * Place not meant for human habitation * Shelter / safe haven * Break in homelessness is defined as 7 or more consecutive nights * Stays in institutions are NOT considered a break if the stay is fewer than 90 days and literally homeless immediately prior   Obtain as much third-party evidence as possible and demonstrate due diligence at collecting third-party evidence as well as intake worker judgement when third-party evidence is limited  \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding eligibility and institutional stay limits.\*\* |  |
| Disabling Condition | Documentation that meets the standards described in HUD [FAQ 2763](https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/) and certifies:   * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |

|  |  |  |
| --- | --- | --- |
| Option Five: **Individuals/families who are receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program** | | |
| **Current Status** | Evidence that the program participant is receiving assistance through a VA-funded homeless assistance program (e.g., a written referral from the VA program that identifies the name of the project and that it is funded by the VA)  Follow HUD’s orders of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third |  |
| **History of Homelessness** | Evidence that the household met one of the above criteria at initial intake to the VA's homeless assistance system:  Option One: Chronically homeless  Option Two: Homeless for at least 12 months in the last three years but fewer than four episodes  Option Three: Living on streets/shelter/safe haven but not chronically homeless because they recently resided in a permanent housing project  Option Four: Residing in a TH project that will be eliminated through reallocation or in transitional housing funded through TH-RRH  Obtain as much third-party evidence as possible and demonstrate due diligence at collecting third-party evidence as well as intake worker judgement when third-party evidence is limited |  |
| Disabling Condition | Documentation that meets the standards described in HUD [FAQ 2763](https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/) and certifies:   * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |