Documentation Checklist: Homelessness Verification

Client Name:	
Date:	
Current Residence: (Night Before Above Date)	
Staff Name:	
Program Name:	
Component Type: (ES, TH, RRH, PSH, etc.)	

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

Applicable ✔	In File ✔	CATEGORY ✔ Required Documentation in File
		CATEGORY 1
☐ **YES** ☐ **NO**	☐	**PLACE NOT MEANT FOR HUMAN HABITATION**, e.g., car, park, abandoned building, bus or train station, airport, camping ground **(OK for CH-PSH, PSH, RRH, TH, SH, SSO)*** ☐ **Written Third-Party** (one or more of the following) dated within 14 days prior to program entry**:** ☐ HMIS record of homeless street outreach contacts ☐ Signed letter on letterhead from a homeless street outreach provider ☐ Homelessness Certification (Form A) from a homeless street outreach provider **OR** ☐ **Written Second-Party** (*both* of the following)**:** ☐ Certification Based on Intake Conversation (Form F) **AND** ☐ Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification **OR** ☐ **Written First-Party** (*both* of the following)**:** ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
☐ **YES** ☐ **NO**	☐	**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)*** ☐ **Written Third-Party** (one or more of the following) dated within 14 days prior to program entry**:** ☐ HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program ☐ Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay ☐ Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay **OR** ☐ **Written Second-Party** (*both* of the following)**:** ☐ Certification Based on Intake Conversation (Form F) **AND** ☐ Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification **OR** ☐ **Written First-Party** (*both* of the following)**:** ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

*These are baseline eligibility rules based on project type. Your grant may have additional eligibility criteria. To determine applicable eligibility requirements:

1) Consult CoC NOFA under which project was first funded for applicable new project eligibility requirements AND
2) Consult CoC NOFA that funded the particular grant year for applicable renewal project eligibility requirements AND
3) Consult HUD grant agreement, including commitments made in project application

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Applicable ✔	In File ✔	CATEGORY ✔ Required Documentation in File
☐ YES ☐ NO	☐ ☐	**HOSPITAL OR OTHER INSTITUTION** if client's stay was 90 days or fewer *and* 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)*** **Documentation of institutional stay** ☐ **Written Third-Party** (one or more of the following): ☐ Discharge paperwork with admission and discharge dates ☐ Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates **OR** ☐ **Written First-Party** (*both* of the following): ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification **AND** **Documentation of client's homeless status immediately prior to institutional stay** ☐ **Written Third-Party** (one or more of the following) dated within 14 days prior to institutionalization: ☐ HMIS record of shelter stay or homeless street outreach contacts ☐ Signed letter on letterhead from emergency shelter or homeless street outreach provider ☐ Homelessness Certification (Form A) from emergency shelter or homeless street outreach provider **OR** ☐ **Written Second-Party (*both* of the following):** ☐ Certification Based on Intake Conversation (Form F) **AND** ☐ Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification **OR** ☐ **Written First-Party** (*both* of the following): ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
☐ YES ☐ NO	☐	**TRANSITIONAL HOUSING** if graduating from or timing out of TH *and either* in emergency shelter or place not meant for human habitation prior to admission *or* 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 **(OK for PSH, some RRH, TH, SH, SSO)*** ☐ **Written Third-Party** (one or more of the following) dated within 14 days prior to program entry: ☐ HMIS records of transitional housing stay and entry from shelter or place not meant for human habitation ☐ Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission ☐ Homelessness Certification (Form A) signed by transitional housing provider **OR** ☐ **Written First-Party** (*both* of the following): ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

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Applicable ✔	In File ✔	CATEGORY ✔ Required Documentation in File
☐ YES ☐ NO	☐	**TRANSITIONAL HOUSING** if graduating from or timing out of TH and *neither* in emergency shelter or place not meant for human habitation prior to admission *nor* 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 **(OK for some RRH, TH, SSO)*** ☐ **Written Third-Party** (one of the following) dated within 14 days prior to program entry**:** ☐ HMIS records of transitional housing stay and homeless living situation prior to admission ☐ Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission ☐ Homelessness Certification (Form A) signed by transitional housing provider **OR** ☐ **Written First-Party** (*both* of the following)**:** ☐ Client Self-Declaration of Homelessness (Form E) **AND** ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
		CATEGORY 2
☐ YES ☐ NO	☐ ☐	**IMMINENTLY LOSING PRIMARY NIGHTTIME RESIDENCE**, i.e., primary nighttime residence will be lost within 14 days, *and* no subsequent residence has been identified, *and* the household lacks the resources and support networks needed to obtain other permanent housing **(OK for some RRH, TH, SSO)*** **At least one of the following:** ☐ Court order resulting from an eviction notice or equivalent, or formal eviction notice ☐ For clients in hotels/motels not falling under Category 1, evidence that household lacks the financial resources necessary to stay for more than 14 days ☐ 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 *and* documentation by staff of the statement client made to staff *and* ☐ Written verification from the owner or renter of the residence verifying client's statement *or* ☐ Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure verification from the owner or renter of the residence **AND** ☐ Corroborating Client Self-Declaration of Homelessness (Form E)
		CATEGORY 4
☐ YES ☐ NO	☐ ☐	**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 ("the condition") **(OK for PSH, some RRH, TH, SSO)*** **The following:** ☐ Client Self-Declaration of Homelessness (Form E) **AND FOR NON-VICTIM SERVICE PROVIDERS** ***If safety would not be jeopardized*, written third-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition** (one or more of the following): ☐ Written observation by intake worker verifying the condition ☐ Signed letter on letterhead from by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition

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3) Consult HUD grant agreement, including commitments made in project application