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| **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****Description: C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **In File****Description: C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmf** | **CATEGORY****Description: C:\Documents and Settings\H56120\Local Settings\Temporary Internet Files\Content.IE5\4QWKIMQM\MCj04346650000[1].wmfRequired 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 or Intake Staff Observation (Form G) **AND**[ ]  Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) 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 or Intake Staff Observation (Form G) **AND**[ ]  Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) 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 |
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| **[ ]  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 or Intake Staff Observation (Form G) **AND**[ ]  Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) 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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| **[ ]  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) |

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| **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 |