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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 | |
| **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** | |
| **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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| **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** | |
| **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 |