

Documentation Checklist: Homelessness Verification

SCC CoC 2023-05

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 <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	CATEGORY <input checked="" type="checkbox"/> Required Documentation in File
CATEGORY 1		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>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)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider <input type="checkbox"/> Homelessness Certification (Form A) from a homeless street outreach provider <p>OR</p> <p><input type="checkbox"/> Written Second-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p>OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>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)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program <input type="checkbox"/> Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay <input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay <p>OR</p> <p><input type="checkbox"/> Written Second-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p>OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> 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

CATEGORY 4

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<p>EXPERIENCING TRAUMA OR A LACK OF SAFETY RELATED TO (OR FLEEING OR ATTEMPTING TO FLEE) DOMESTIC VIOLENCE, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions that relate to violence against the individual or a family member in the individual’s or family’s current housing situation (including where the health and safety of children are jeopardized) (“the condition”) (OK for PSH, some RRH, TH, SSO)*</p> <p>The following:</p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E)</p> <p>AND FOR NON-VICTIM SERVICE PROVIDERS</p> <p><i>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</i> (one or more of the following):</p> <p><input type="checkbox"/> Written observation by intake worker verifying the condition</p> <p><input type="checkbox"/> Signed letter on letterhead from 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</p>
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