



Chronic Homelessness Verification Form

This checklist shall be used for staff to assess a Participant's chronic homeless status. It should serve as a **cover page that is accompanied by the appropriate documentation**, and maintained in the participant's file.

Participant ID:
PART 1: Current Homeless Status The person or household must be currently living in a place not meant for human habitation or an emergency shelter. Check off the literally homeless living situation. Evidence must be attached to this form.
The person or household is currently living in <input type="checkbox"/> An emergency shelter <input type="checkbox"/> Place not meant for human habitation
The evidence of the current homeless status is provided by: <input type="checkbox"/> HMIS / Comparable Database <input type="checkbox"/> Written Statement from shelter provider <input type="checkbox"/> Street Outreach worker observation <input type="checkbox"/> Verification from an institution <input type="checkbox"/> Self-Certification
PART 2: Documentation of Disability Check off the diagnosed disability. Evidence must be attached to this form.
The head of household has been diagnosed with: <input type="checkbox"/> A physical, mental or emotional impairment, including an impairment cause by alcohol or drug abuse, post traumatic stress disorder, or brain injury that indefinite in duration and substantially impedes the individual from living independently or could be improved by the provision of more suitable housing conditions; <input type="checkbox"/> A developmental disability, as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002), i.e., a person with a severe chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments; Is manifested before the person attains age 22; Is likely to continue indefinitely; Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. Results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning mobility, self-direction, capacity for independent living, and economic self-sufficiency; <input type="checkbox"/> The disease of acquired immunodeficiency syndrome (AIDS) or any condition rising from the etiologic agency for acquired immunodeficiency syndrome (HIV).
The evidence of the disability is provided by: <input type="checkbox"/> Verification by a qualified State professional <input type="checkbox"/> Written verification from the Social Security Administration <input type="checkbox"/> Copies of disability check (SSI, SSDI, or Veterans Disability Compensation)



PART 3: Documentation of Homeless History

The person or household must have an eligible homeless history to be eligible for PSH. Check off the appropriate type of chronic homelessness and complete the history table below.

The individual or head of household is currently living in a place not meant for human habitation or an emergency shelter AND has been living in a place not meant for human habitation or an emergency shelter:

- Continuously for at least 12 months
- On at least 4 occasions in the last 3 years where the combined occasions equal to at least 12 months. Each break in homelessness must include at least 7 nights.

Acceptable documentation/verification type include: HMIS records, Current Living Situation Print-out, Written Third Party Verification Form, or a Self-Certification Form. Self-certification can be used for up to 3 of the 12 months of homelessness and any of the breaks in homelessness.

Breaks: Breaks can be self-certified. They are 7+ nights sleeping in a location not defined as a literal homeless situation (i.e. with friends, family, etc.). Stays in an institutionalized facility for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12 month total, as long as they were in a literal homeless situation immediately before entering the institutionalized facility.

Note: Third party verification of a single encounter with a homeless service provider on a single day of a month is sufficient to consider a participant to be homeless for the entire month, unless there is evidence of a break. (e.g. an outreach contact on January 19, 2016 counts for January 1-31, 2016).



Living Situation	Start Date	End Date	Episode or Break	Type of Verification	Duration in Months
Total Months Homeless (must be at least 12):					
Staff Certification I certify that the participant meets both criteria of having a disability diagnosis and 12 months continuous or cumulative homelessness, and have attached the necessary documentation.					
Name:					
Agency and email:					
Signature and Date:					