

Homeless/Chronic Homeless Determination

CLIENT:

DATE:

Use Steps 1 through 4 to determine if your client qualifies as homeless, chronically homeless with one (1) continuous year as homeless or chronically homeless with four (4) separate homeless occasions in the past three (3) years. Steps 6 through 8 are used to verify that the level of collected evidence meets HUD's standards.

STEP 1: CURRENT HOMELESS STATUS

Check the box below for current living situation

- A.** Is residing in an emergency shelter, safe haven or a place not meant for human habitation.
 - *Documentation: Written verification from outreach worker, shelter or service provider.*
 - *Evidence of homeless status should be dated very close to application approval as it is required to be true at project entry.*
- B.** Is exiting an institution where client has been residing less than ninety (90) days, and was living in emergency shelter or a place not meant for human habitation immediately before entering the institution.
 - *Documentation: Proof of A plus discharge documents or letter with entry and exit dates.*
- C.** In transitional or supportive housing for homeless persons who originally came from the street or emergency shelter. **(Will not meet chronic status.)**
 - *Documentation: Proof of A plus a letter signed (include title) and dated from TH or SH with entry and exit dates.*

STEP 2: DISABILITY

Check the box below for applicable disability diagnosis. Please be aware of requirements specific to your grant.

- A.** Serious Mental Illness
 - *Documentation: SMI Determination form signed by the reviewing psychiatrist, psychologist or nurse practitioner.*
- B.** Substance Use Disorder
 - *Documentation: Letter stating the disability substantially impedes client's ability to live independently, that it is expected to be of long-continued and indefinite duration and that it could be improved by more suitable housing conditions.*
 - *The letter must be signed by one (1) of the following: licensed psychiatrist; licensed Behavioral Health Medical Practitioner (i.e. NP, MD; not RN); licensed psychologist; licensed substance abuse counselor (LSAT, LASAC or LISAC).*
- C.** Diagnosis of other qualifying criteria: developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury or chronic physical illness or disability.
 - *Documentation: Written verification from a relevant licensed professional, written verification from the Social Security Administration or copies of a disability check.*
- D.** None of the above. *Client is not chronically homeless. Skip to the end for signatures.*

STEP 3: NUMBER AND DURATION OF HOMELESS OCCASIONS

- *Homeless occasions may only include emergency shelters, safe havens or places not meant for human habitation.*
- *Per HUD Notice CPD-14-012 (July 28, 2014), a break between homeless occasions is seven (7) or more consecutive nights spent in institutions, living with friends or family, hotels, permanent or transitional housing, etc. Seven (7) or more consecutive nights spent in a shelter, safe haven or a place not meant for human habitation does not constitute a break.*

- A single homeless occasion or break between occasions may consist of multiple physical locations, such as moving between street and shelter or within a break, from jail to a relative's house.

LOCATION(S)	Date Range	3 rd Party Documented?
<i>Optional:</i> Location if exiting an institution where resided less than ninety (90) days	End: Start:	<input type="text" value="Yes / No"/>
1 CURRENT HOMELESS OCCASION (or before institution above)	End: Start:	<input type="text" value="Yes / No"/>
Location(s) if not homeless before Occasion 1:	End: Start:	

If current homeless occasion is continuous for one (1) full year, client is chronically homeless. If not, add other occasions below, starting with the next most recent occasion and working backwards as far as necessary.

2 PRIOR HOMELESS OCCASION	End: Start:	<input type="text" value="Yes / No"/>
Location(s) if not homeless before Occasion 2:	End: Start:	
3 PRIOR HOMELESS OCCASION	End: Start:	<input type="text" value="Yes / No"/>
Location(s) if not homeless before Occasion 3:	End: Start:	
4 PRIOR HOMELESS OCCASION	End: Start:	<input type="text" value="Yes / No"/>
Location(s) if not homeless before Occasion 4:	End:	

STEP 4: CUMULATIVE MONTHS HOMELESS

- As of fall 2014, HUD requires collection of data on total number of months homeless for prioritization and HMIS purposes. Contact by shelter or outreach workers on one day allows the assumption that the client has been homeless that entire month, unless evidence suggests a break. So, 1+ days = 1 month. Please answer the following:

_____ Number of times client has been homeless in the past three (3) years (use (add) only 1, 2, 3, or 4+)

_____ Total number of months homeless in the past three (3) years

_____ Total number of months continuously homeless as of this application (HMIS: as of "project entry")

STEP 5: HOMELESS/CHRONICALLY HOMELESS DETERMINATION

Based on Steps 1 through 4, check the applicable box below:

- A. Client is **chronically homeless** and has been homeless continuously for one (1) year at program entry.
- B. Client is **chronically homeless** and has been homeless on four (4) separate occasions in the past three (3) years.
- C. Client is **homeless** but does not meet criteria A or B for chronic homelessness.

STEP 6: DOCUMENTATION STANDARD (FOR CHRONICALLY HOMELESS ONLY)

- HUD’s documentation standard (as of July 28, 2014): Evidence from third party written referral or written observation by an outreach worker is provided for: A) at least nine (9) months of homelessness if homeless one (1) continuous year; or B) at least three (3) of the four (4) homeless occasions of the past three (3) years.
Note: Evidence for breaks is not required.
- “In only rare and the most extreme cases” is an exception permissible. ALL time spent homeless not verified by the above documentation should be certified by both the client and case worker in Steps 7 and 8 below.

If chronically homeless, check the applicable box below:

- A. This case meets the HUD documentation standard.
- B. This case does NOT meet the HUD documentation standard.

STEP 7: CLIENT SELF-CERTIFICATION.

Required if missing ANY third party evidence for homeless occasions and for any approximated dates or locations relevant to the homeless status determination above.

- Please explain the reason for approximated dates or locations and provide any additional information you desire.

I certify the information on this form is correct.

Client Signature: _____ **Date:** _____

STEP 8: CASEWORKER CERTIFICATION

Always sign. Answers to the prompts below are required if missing ANY third party evidence for homeless occasions, whether or not it meets HUD’s baseline documentation standard in Step 6.

1st Attempt

Date and Time: _____

Person attempting to contact: _____

2nd Attempt

Date and Time: _____

Person attempting to contact: _____

3rd Attempt

Date and Time: _____

Person attempting to contact: _____

- Please document your knowledge of the severity of the situation in which the individual has been living.

I certify the information on this form is correct.

Caseworker Signature: _____ **Date:** _____