

Chronic Homelessness Verification Packet

Section 1: Referral

<i>Applicant Name</i>	<i>Date of Birth</i>	<i>Date of referral</i>
		<input type="checkbox"/> Applicant is a single adult who is at least 18 years old at the time of application <p style="text-align: center;">OR</p> <input type="checkbox"/> Applicant is a Head of Household (AGE) _____
<i>Applicant Contact Number</i>	<i>Applicant SSN</i>	<i>Head of Household Status</i>
		<input type="checkbox"/> Applicant is homeless in Chicago and has an HMIS record (HMIS ID#) _____ <input type="checkbox"/> Applicant is being referred from a DV program and is not in the Chicago HMIS <input type="checkbox"/> Applicant has requested not to be entered into HMIS
<i>Coordinated Entry/Referring Agency</i>	<i>Referring Agency – Staff Name</i>	<i>HMIS Status</i>
<i>Referring Agency -Staff Phone Number</i>	<i>Referring Agency -Staff E-mail Address</i>	
<i>Agency receiving referral</i>	<i>Intake Worker Name</i>	<i>Intake Worker Phone Number</i>
<i>Packet Start Date</i>	<i>Packet End Date</i>	

Section 2: Disability Documentation Checklist

In order to qualify for Chronic Homelessness Status, a person must have a disability that is expected to be of long, continuing, or of indefinite duration, and substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. **Qualifying disabilities for HUD projects include the following chronic conditions:** Mental Health Disorder, Substance Use Disorder, Co-occurring Mental Health and Substance Use Disorder, HIV/AIDS, Physical Disability, and Developmental Disability. The documentation required for disability must be third party and include:

Select which of the following is being used to verify disability status at this time-

Written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability is expected to be long- continuing or of indefinite duration and substantially impedes the individual's ability to live independently. **This includes the Chicago CoC Verification of Disability Form (Exhibit I)**

- Written verification from the Social Security Administration
- The receipt of a disability check

In the absence of the above noted methods of verification, an observation of a qualifying disability by an agency identified staff person may be used to temporarily verify disability. However, this must be confirmed by one of the above methods within 45 days of the applicant being housed. This option should be used sparingly. For HUD funded projects, if verification by one of the above mentioned types is not secured within the 45 day period, the funding for that bed will be impacted and may not be paid at all for the duration of the time the applicant is in the housing.

- An agency identified staff recorded observation of a disability. This must be documented by one of the above means no later than 45 calendar days from the applicant's move-in date.

Note: Observation of a disability may include, but not be limited to, directly witnessing any of the following- an apparent physical disability, indicators of a chronic substance use, the presence of severe mental or emotional impairment, undue paranoia, or significant displays of inappropriate behavior, language, clothing, etc. Medications, prescriptions, and medical records for treatment of a disability may also be considered. Some agencies may choose to conduct a more formal needs assessment during which the applicant has the opportunity to report the presence of a qualifying disability or symptoms which indicate a disability.

Section 3: Time Accumulation Worksheet

In order to qualify for Chronic Homelessness Status, a person must have **(A)** been continuously homeless for the last twelve months OR **(B)** has a minimum of 4 occasions of homelessness over the past 3 years, totaling a minimum of 12 months. The applicant must have accumulated at least 12 months of homelessness. Occasions are broken up by “breaks”. A break is determined by the person having been in a place meant for human habitation (a friend’s couch, a hotel room, etc...) for a period of at least 7 nights OR in an institutional setting for a period of more than 90 days. Breaks may be documented entirely from self-certification. Stays in places meant for human habitation for less than 7 nights and/or institutional settings for less than 90 days do not count as breaks and can be counted toward the applicant’s homeless time accumulation.

If the time experiencing homelessness is not being verified entirely by the applicant’s Chicago HMIS record, select and complete the chart below for the appropriate category, A or B. Attach 3rd Party Verification and Self-Statement Forms as needed. A completed example for categories A and B has been provided in Section 5.

A. The applicant has been continuously homeless for the past 12 months.

** Please start from the current occasion and work backwards in time.								
Category A		Actual Time Period being Documented		Homeless Situation/Provider		Method of Verification		
Occasion #	# of Months Verified	Start Date	End Date			HMIS Record	3 rd Party	Self-Certification
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Occasions: 1	Total Months:	Start date of 1 year continuous period for Chronic Homeless time calculation (1 year prior to date of assessment or housing interview): ____/____/____						

OR

B. The applicant has had a minimum of **4 occasions of homelessness over the past 3 years** totaling a minimum of 12 months with breaks of at least 7 consecutive days between episodes.

**Please add the total number of months of homelessness verified, excluding breaks. A single encounter in a month is sufficient to consider the household as experiencing homeless for the entire month unless there is clear evidence of a break. Please start from the current occasion and work backwards in time.								
Category B		Actual Time Period being Documented		Homeless Situation/Provider		Method of Verification		
Occasion # or Break	# of Months Verified	Start Date	End Date			HMIS Record	3 rd Party	Self-Certification
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Occasions:	Total Months:	Start date of 3 year period for Chronic Homeless time calculation (3 years prior to date of assessment or housing interview): ____/____/____						

Section 4: Chronic Homelessness Determination

Housing provider should complete the most appropriate of the 3 categories below indicating the applicant's chronic homelessness status. You should choose 1 of the 3 categories listed below and your determination should be based on the HUD criteria in Sections 2-3.

Chronic Homelessness Verification Pending

Upon careful review of the applicant's self-statement and HMIS record, this applicant appears to meet the definition of experiencing chronic homelessness. Housing provider will pursue further documentation to confirm the applicant's chronic homelessness status and complete the Chronic Homelessness Verification Packet.

Signature of Verifying Worker

Date

The housing provider should immediately move forward with housing the applicant. All third party homeless documentation must be collected within 180 days of the applicant's move-in date. If third-party documentation cannot be obtained, a written record of intake worker's due diligence to obtain the documentation of the living situation should be included. All disability documentation should be collected within 45 days of the applicant's move-in date.

Move-in date: _____

180 deadline for additional homeless documentation: _____ 45 deadline for disability documentation: _____

If the applicant is marked *Verification Pending*, Section 4 should be revisited and updated when the applicant is determined to have moved from *Pending* to *Verified* or *Ineligible*.

Please note HUD guidance released in November 2016 regarding homeless documentation:

- ⇒ 100% of households served can use self-certification for 3 months of their 12 months.
- ⇒ 75% of households served need to use 3rd party documentation for 9 months of their 12 months.
- ⇒ 25% of households served can use self-certification as documentation for any and all months.

Chronic Homelessness Verified

To the best of my knowledge, the Chronic Homelessness Verification Packet is complete and the applicant meets the definition of experiencing chronic homelessness.

Signature of Verifying Worker

Date

Applicant Determined Ineligible

Upon careful review, this applicant does not meet the definition of experiencing chronic homelessness based on the following criteria-

A. The applicant has not experienced 12 continuous months of homelessness nor 4 distinct occasions of homelessness in the past 3 years that total 12 months.

To the best of my knowledge, the applicant has experienced _____ occasions of homelessness in the past 3 years totaling _____ months. (Please see the Time Accumulation Worksheet for further details.)

B. The applicant has not reported nor has staff observed a qualifying disabling condition.

I recommend the applicant's chronic homeless status be further reviewed by the CoC Coordinated Entry Entity/Referring Agency.

Signature of Verifying Worker

Date

****For all referrals determined ineligible, sections 1-4 of this Packet should be securely faxed back to the CoC Coordinated Entry Entity/Referring Agency from whom the referral was sent.**

Section 5: Time Accumulation Worksheet- Examples

The following examples can be used as guidance in completing Section 3. An example for categories A and B have been provided, however the provider will complete the chart for only one category that most closely matches the applicant's experience of homelessness.

Category A- The applicant has been <u>continuously homeless</u> for the past 12 months.									
**Please start from the current occasion and work backwards in time.									
		Actual Time Period being Documented		Homeless Situation/Provider			Method of Verification		
Occasion #	# of Months Verified	Start Date	End Date	<i>Example</i>			HMIS Record	3 rd Party	Self-Certification
1	13	June 2013	July 2014	Cornerstone Shelter			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# of Occasions: 1	Total Months: 13	Start date of 1 year continuous period for Chronic Homelessness time calculation (1 year prior to date of assessment or housing interview): <u>7 / 1 / 2013</u>							

OR

Category B- The applicant has had a minimum of 4 occasions of homelessness over the past 3 years totaling a minimum of 12 months with breaks of at least 7 consecutive days between episodes.									
**Please add the total number of months of homelessness verified, excluding breaks. A single encounter in a month is sufficient to consider the household as experiencing homeless for the entire month unless there is clear evidence of a break. Please start from the current occasion and work backwards in time.									
		Actual Time Period being Documented		Homeless Situation/Provider			Method of Verification		
Occasion # or Break	# of Months Verified	Start Date	End Date	<i>Example</i>			HMIS Record	3 rd Party	Self-Certification
1	3 Months	June 22, 2015	August 11, 2015	HHO Street Outreach at Wilson Encampment			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	1.5 Months	April 15, 2015	May 19, 2015	Pacific Garden Mission			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break	n/a	April 1, 2015	April 14, 2015	Couch surfing at family's house			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	2 Months	Feb 1, 2015	March 31, 2015	Cornerstone Shelter			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break	n/a	January 16, 2015	January 31, 2015	Couch surfing at family's house			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	7 Months	August 8, 2014	January 15, 2016	Cornerstone Shelter			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break	n/a	June, 2014	July, 2014	Rented room at The Northmere SRO			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	2 Months	April, 2014	May, 2014	HHO Street Outreach. Living outdoors in Uptown			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Occasions: 4	Total Months: 15.5	Start date of 3 year period for Chronic Homelessness time calculation (3 years prior to date of assessment or housing interview): <u>8 / 11 / 2012</u>							

Verification of Disability

Date: _____

To:

Dear _____,

_____ (*Applicant's Name*) is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached *Verification of Disability* form is part of the eligibility process. We are requesting your assistance in completing and returning this form as quickly as possible to:

Referring / Verifying Agency *Address*

Contact Person *Email* *Phone and Fax Number*

Please contact us with any questions or concerns.

Sincerely,

Signature of Agency Representative

Client Consent for Release

I hereby authorize the release of the information requested in the attached *Verification of Disability* form for the purpose of verifying my eligibility for supportive housing and related services.

Signature of Applicant *Date*

OR

I certify that the applicant provided oral consent for the release of the information requested in the attached *Verification of Disability* form for the purpose of verifying their eligibility for supportive housing and related services.

Signature of Agency Representative *Date*

**This release of information will expire one year from the date of the applicant's written or oral consent indicated above.

(ONLY a licensed professional with credentials to diagnose an individual may complete this form)

_____ (Applicant's Name) is applying for a permanent supportive housing program, as defined by the U.S. Department of Housing and Urban Development (HUD). This form is part of the eligibility process; please contact us with any questions or concerns. We are requesting your assistance in completing and returning this form as quickly as possible to:

_____ Referring / Verifying Agency

_____ Address

_____ Contact Person

_____ E-mail

_____ Phone, and Fax Number

Eligible Disability Types

Please select all of the following that apply:

- a disability as defined in Section 223(d) of the Social Security Act as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12-months..."
- a physical, mental, or emotional impairment which is (a) expected to be of long-term, continued, and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;
- a developmental disability as defined in Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act. In general, this "... means a severe, chronic disability of an individual that—is attributable to a mental or physical impairment or combination of mental and physical impairments"
- the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiological agency for acquired immunodeficiency syndrome

Disability Information

Please check all that apply:

- Mental Health Disorder
- Substance Use Disorder
- Co-occurring Mental Health Disorder and Substance Use Disorder
- HIV/AIDS
- Physical Disability
- Developmental Disability

Please check appropriate credential:

- Psychiatrist Physician Physician's Assistant Nurse Practitioner
- LCSW LCPC CNP Psychologist CADC

_____ Signature

_____ Printed Name

_____ Date

_____ Office/Practice/Agency Name

_____ Phone Number

_____ License Number

Exhibit II			Chronic Homelessness Self-Certification		
Applicant Name	Applicant Contact Information			Applicant Date of Birth	

For the purpose of establishing Chronic Homelessness Status, an applicant may provide a Self-Statement to certify up to 3 months of homeless time and any non-institutional breaks in homelessness of 7 nights or more. Use this form to note the dates associated with each. The Self-Statement form will be maintained in the applicant's file.

I certify that I was experiencing homelessness (sleeping in a place not meant for human habitation such as living on the streets, in a car, at a park, or on public transportation) **OR** living in a homeless emergency shelter **OR** a safe haven **OR** in an institutional setting for less than 90 days during the following period(s) of time:

# of Months	Actual Time Period being Documented		Homeless Situation
	Start Date	End Date	
1 Month	June 22, 2015	July 11, 2015	I lived under Lower Wacker Drive.
Total Months:			

Example

I certify that during the dates listed below, I was in housing for at least 7 nights **OR** an institutional setting for at least 90 days during the following period(s) of time:

("In housing" includes renting an apartment, couch surfing, staying with friends or family, hotel stays, hospital stays, rehab, and any other time spent living in a place meant for human habitation for 7 or more consecutive nights.)

# of Days	Actual Time Period being Documented		Housed/Institutional Setting
	Start Date	End Date	
9 days	Nov 11, 2015	Nov 20, 2015	I rented a room at the Northmere SRO.

Example

Applicant Signature

Date

Staff Witness/ Agency

Date

Intentionally Left Blank

Third-Party Homeless Verification

Date: _____

To:

Dear _____,

_____ (*Applicant's Name*) is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached *Third-Party Homelessness Verification* form is part of the eligibility process. We are requesting your assistance in completing and returning this form as quickly as possible to:

Referring / Verifying Agency

Address

Contact Person

Email

Phone and Fax Number

Please contact us with any questions or concerns.

Sincerely,

Signature of Agency Representative

Client Consent for Release

I hereby authorize the release of the information requested in the attached *Third-Party Homelessness Verification* form for the purpose of verifying my eligibility for supportive housing and related services.

Signature of Applicant

Date

OR

I certify that the applicant provided oral consent for the release of the information requested in the attached *Third-Party Homelessness Verification* form for the purpose of verifying their eligibility for supportive housing and related services.

Signature of Agency Representative

Date

**This release of information will expire one year from the date of the applicant's written or oral consent indicated above.

Section A: This is to be completed by the **housing provider**. The housing provider should specify the periods to be verified by the third party in the blanks below and only ask for verifications for gaps not covered by HMIS or other 3rd party documentation.

Housing provider is seeking verification for the following occasions of homelessness experienced by _____
(Applicant's Name).

- (1) Between: ____ / ____ / ____ and: ____ / ____ / ____
- (2) Between: ____ / ____ / ____ and: ____ / ____ / ____
- (3) Between: ____ / ____ / ____ and: ____ / ____ / ____
- (4) Between: ____ / ____ / ____ and: ____ / ____ / ____

Section B: This is to be completed by the **third-party** who may verify the entire time requested by the housing provider or any smaller periods within the requested range of dates. Please fill in the chart below with occasions of homelessness experienced by the applicant which you are verifying.

Time Period being Verified		Homeless Situation	Location
Start Date	End Date		Address, Intersection, or Zip Code
June 22, 2015	July 11, 2015	Applicant was living on the street in an encampment	Lakeshore Drive and Wilson Ave

Example

Note: HUD defines homelessness as (1) sleeping in a place not meant for human habitation (such as living on the streets, in a car, at a park, or on public transportation) OR (2) living in a homeless emergency shelter OR (3) staying at the safe haven program model. All circumstances listed above should fall into one of these 3 categories with an exception if the client is currently in an Institutional Care Facility where they have been for fewer than 90 days and which they entered from one of the above 3 categories.

Section C: This is to be completed by the **third party** providing the verification.

Please check your most applicable affiliation:

- Correctional Facility
- Emergency Shelter
- Faith Based Organization
- Veteran's Organization
- Business
- Mental Health Provider/Institution
- Substance Dependent Treatment Provider/Facility
- Transitional Housing
- Medical Provider/Institution
- Community Organization
- Service Provider
- Law Enforcement
- Homeless Outreach Team/Worker
- Community Member
- Other: _____

Please check all applicable statements:

- I can confirm that the applicant's history of experiencing homelessness from field visits where I met with them in an emergency shelter, places not meant for habitation, and/or at a safe haven.
- I can confirm the applicant's history of experiencing homelessness from agency records and experience of having served them throughout the time they have been homeless.
- I can confirm the applicant is currently staying or previously stayed at our agency's facility.

Name of Verifier: _____

Title: _____

Signature of Verifier: _____

Address: _____

Phone Number: _____

Date: _____

Verifying Chronic Homelessness Procedure

Please see the attached Chronic Homelessness Verification Packet

Housing providers will work with applicants to document their length of homelessness and disabling condition in order to verify chronic homelessness in all cases where chronicity is required. To do so, providers must use the Chicago Coordinated Entry System Chronic Homelessness Verification Packet.

HUD Defines Chronic Homeless as:

(1) A “homeless individual with a disability,” as defined in the Act, who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
- Occasions separated by a break of at least seven nights
- Stays in institution of fewer than 90 days do not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Step 1: Complete Section 1: Chronic Homelessness Referral Worksheet

Part 1	Catholic Charities staff notify housing providers of a match made over the Homeless Management Information System (HMIS) and this information should be entered into Section 1: Referral .
Part 2	If HMIS includes disability verification such as an uploaded Verification of Disability Form, check the appropriate box in Section 2: Disability Documentation Checklist and move on to Step 3.
Part 3	If the applicant’s disability has not been verified through HMIS move on to Step 2.

Step 2: Complete Section 2: Disability Documentation Checklist, and collect appropriate disability documentation as provided by the applicant

Part 1	Request disability documentation from the applicant. If it is provided, complete Section 2: Disability Documentation Checklist .
Part 2	If the applicant does not have disability documentation, ask the applicant to complete the Exhibit 1 Authorization of Release of Information to verify their disability.
Part 3	Request third party verification from the appropriate licensed professional by using Exhibit 1 Verification of Disability Form . If it is provided, document this in Section 2 and move on to Step 3.
Part 4	<p>While verifying the applicant’s disability, an agency identified staff person may observe the qualifying disability to temporarily verify the disability. This must be confirmed by one of the approved methods listed in Section 2: Disability Documentation Checklist within 45 days of the applicant moving into housing per HUD regulations.</p> <p>If the applicant moves into housing with the observed qualifying disability and it is difficult to access written verification by their third week of living in the unit, contact Nora Lally at HUD at nora.lally@hud.gov.</p>

Step 3: Complete Section 3: Time Accumulation Worksheet

Part 1	<p>In Section 3: Time Accumulation Worksheet complete Category A for an applicant who has experienced homelessness for at least 12 continuous months or Category B for an applicant with occasions of homelessness and check the corresponding box.</p> <p>If the occasions add up to (1) one continuous year of homelessness until the present or (2) four episodes of homelessness over the past three years totaling a minimum of 12 months (with breaks of at least seven days) without requiring self-certification to document any period of time move on to Step 4.</p> <ul style="list-style-type: none"> • This worksheet will help determine what documentation is still required to verify length of homelessness. • If the length of homelessness offered through HMIS equals 12 continuous months or four occasions in three years totaling 12 months, move to Step 4.
Part 2	<p>Complete Exhibit 2 Chronic Homelessness Self-Certification with applicant.</p> <p>Please note HUD Guidance released in November, 2016</p> <ul style="list-style-type: none"> ○ 100% of households served can use self-certification for three months of their 12 months

	<ul style="list-style-type: none"> ○ 75% of households served need to use 3rd party documentation for 9 months of their 12 months ○ 25% of households served can use self-certification as documentation for any and all months
	<p>HUD Guidance: Homeless documentation should be obtained within 180 days of the household moving into their unit per HUD regulations and does not need to delay housing the applicant. It is considered best practice in Chicago to obtain homeless verification within 45 days of housing the applicant.</p>
Part 3	<p>HUD requires due diligence in attempting to access any third party verification that can be documented. The due diligence itself should be documented even though this packet does not provide a specific form to do so. Ask the applicant to sign the Exhibit 2 Authorization for Release of Information form to request third-party homeless verification for missing periods.</p>
Part 4	<p>Request third party homeless verification from all appropriate sources using the Exhibit 2 Third Party Homelessness Verification form.</p>
Part 5	<p>Revisit the Section 5: Time Accumulation Worksheet to ensure it is complete including method of verification for periods of homelessness.</p>

Step 4: Complete Section 4: Chronic Homelessness Determination

Part 1	<p>Select Homelessness Verification Pending if appropriate.</p> <ul style="list-style-type: none"> • If pending, continue to work towards accessing documentation and revisit this chronic homelessness determination form to update the status once verified <ul style="list-style-type: none"> a. A Household may be housed with pending verification that will be collected within 45 days of moving into a unit for disability documentation and 180 days of moving into a unit for length of homelessness documentation
Part 2	<p>Select Chronic Homelessness Verified when applicable.</p>
Part 3	<p>Select Applicant Determined Ineligible if appropriate.</p> <ul style="list-style-type: none"> • An HMIS status update must follow this determination to alert Catholic Charities that this person will not be housed by your program due to not being eligible if that is the case. The needs status should read “Ineligible” with a note included as to why the applicant is not eligible.

Documenting Chronic Homelessness Using HMIS Data

** Follow all HMIS protocol throughout this process and update referral status and program entry and exit when appropriate.

Please see attached *Verifying Chronic Homelessness Procedure* for instructions on how to use the *Chronic Homelessness Verification Packet*.

