

CoC Program Participant Homelessness Verification Form

PART 1: BRIEF INSTRUCTIONS

- Complete Parts [2](#), [3](#), & [4](#)
- Attach all supporting documents to this form & upload to HMIS
- See [Part 5](#) for a homeless history example
- See [Part 6](#) for detailed instructions and definitions
- See [Part 7](#) for a Quick Guide to Eligibility
- Maintain this form & supporting documents in participant's file
- See [Sample Documentation](#) for letters, self-certification, and due diligence documentation examples.

NOTE: This document is not intended for use by YHDP projects. The Youth Homeless Verification Form and other youth-specific materials can be located here: <http://www.ctbos.org/youth/>

PART 2: GENERAL INFORMATION

Participant Name:	Participant Date of Birth:	Participant HMIS #:
Person Completing Form:	Agency Completing Form:	Date Form Completed:

Email & Phone Number for Person Completing Form:

Email: _____ Phone #: _____

PART 3: CURRENT HOMELESS STATUS

Current Homeless Status (*Check One*)- See [Part 6](#) for definitions & documentation requirements)

- Unsheltered** - HUD Category 1: Literally Homeless
- Emergency Shelter (ES)/Safe Haven (SH)** - HUD Category 1: Literally Homeless
- Hotel/Motel Paid by Govt or Charity** - HUD Category 1: Literally Homeless
- Transitional Housing (TH)** for people experiencing homelessness - HUD Category 1: Literally Homeless
- Joint TH/Rapid Rehousing** for people experiencing homelessness - Qualifies as HUD Homeless
- Institution < 90 days** & sleeping in emergency shelter, safe haven, unsheltered, or hotel or motel paid by government or charity prior to entry - HUD Category 1: Literally Homeless
- Fleeing/Attempting to Flee DV** Individual or family is fleeing or attempting to flee domestic violence, dating violence, stalking, or human trafficking, has no other residence, and lacks the resources or support networks to obtain other permanent housing - HUD Category 4:

Dedicated Plus Status

Is this participant qualified as DedicatedPLUS? ([See page 4 for definition](#)) YES NO

If yes, [Disabling Condition Verification](#) must be completed.

CoC Program Participant Homelessness Verification Form

PART 4: HOMELESS HISTORY & CERTIFICATION— Enter participant info & insert rows below as needed.

See instructions & a homeless history example in [Part 5](#).

Reminders: A new occasion starts only when there is at least a 7 day break in homelessness; there are limitations on use of participant self-certification of homelessness & at least 3 attempts to obtain third party documentation are required.

See [Sample Documentation](#) for letters, self-certification, and due diligence documentation examples.

Program Name or Location	Program/Location Type	Start Date	End Date	Document Type	Length of Stay	Occasion #
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
				<input type="checkbox"/> HMIS <input type="checkbox"/> Letter <input type="checkbox"/> Self-Certify		
					TOTAL # MONTHS:	TOTAL # OCCASIONS:

CoC Program Participant Homelessness Verification Form

Initial HUD Homelessness Determination <i>(Complete prior to CAN referral to receiving project - Check One)</i>		
<input type="checkbox"/> Not Experiencing Homelessness Under HUD Definition <input type="checkbox"/> DedicatedPLUS Homelessness Under HUD Definition <input type="checkbox"/> Chronic Homelessness Under HUD Definition <input type="checkbox"/> Neither Dedicated Plus nor Chronic but Experiencing Homelessness Under Another HUD Definition Category		
Name & Signature of Person Completing Initial Determination:	Certification:	Date Certified:
Name:	<input type="checkbox"/> CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED & UPLOADED IN HMIS.	
Signature:		

***** **STOP HERE.** *****
 RECEIVING PROGRAM STAFF WILL COMPLETE THE SECTION BELOW.

Final HUD Homelessness Determination <i>(Receiving project completes immediately prior to project entry)</i>		
<input type="checkbox"/> Not Experiencing Homelessness Under HUD Definition <input type="checkbox"/> DedicatedPLUS Homelessness Under HUD Definition <input type="checkbox"/> Chronic Homelessness Under HUD Definition <input type="checkbox"/> Neither Dedicated Plus nor Chronic but Experiencing Homelessness Under Another HUD Definition Category		
Reminder: Documentation up to Project Entry Date		
HUD requires documentation of homelessness up until the date that the participant enters the receiving project , (e.g., the date on which a PSH project offers and the participant accepts project enrollment; this is often the date a rental assistance certificate is issued and may precede the date on which the participant is housed).		
Name & Signature of Person Completing Final Determination:	Certifications:	Receiving Project Information:
Name:	<input type="checkbox"/> CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED & UPLOADED IN HMIS. <input type="checkbox"/> CHECK BOX TO CERTIFY RECEIPT OF CAN REFERRAL FORM THESE MATERIALS ARE REQUIRED & MUST BE OBTAINED IF MISSING	Project Name:
Signature:		Project Entry Date:
Date of Final Determination:		Project Type: <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Joint TH/RRH

CoC Program Participant Homelessness Verification Form

PART 5 - HOMELESS HISTORY INSTRUCTIONS & EXAMPLE

In [Part 4](#), provide the requested information about locations where the applicant resided during the **last three years**. Occasions can include more than one location and must be separated by at least a 7-night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as **DedicatedPLUS** you must document:

- At least **12 consecutive months** of qualified homelessness OR at least **4 separate occasions** within the last three years provided that the **total time homeless during those occasions equals at least twelve months**; OR
- Residing in a **Transitional Housing (TH)** project that will be eliminated and was chronically homeless when entered TH project (some PSH projects awarded in 2019 may have a waiver of the elimination criterion); OR
- Residing in Emergency Shelter (ES), Safe Haven (SH) or unsheltered location and had been admitted and enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was **unable to maintain housing placement**; OR
- Residing in **TH funded by a Joint TH and PH-RRH** component project and who were experiencing chronic homelessness prior to entering the project; OR
- Residing in ES, SH or unsheltered location for at least 12 months in the last three years, but **has not done so on four separate occasions**; OR
- Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and **met one of the above criteria** at initial intake to the VA's homeless assistance system. AND
- [Disabling Condition Verification](#) must be completed for the individual or head of household.

Required Documentation Must Be Attached and Uploaded to HMIS - For more details see [Part 6](#).

Homeless History – EXAMPLE (project entry date 1/3/2021)

Program Name or Location	Program/Location Type	Start Date	End Date	Document Type	Length of Stay	Occasion #	
SAMPLE	Gateway Park	Unsheltered	8/29/19	12/23/19	X Letter	Aug-Dec: 5 months	Occasion #1
	Sister's House	Housed	12/24/19	1/2/20	X Self-Certify	10 days = break	Not Homeless
	Project Home	Emergency Shelter	1/3/20	1/10/20	X HMIS	January: 1 month	Occasion #2
	Gateway Park	Unsheltered	1/11/20	2/2/20	X Letter	February: 1 month	
	Valley Hospital	Institutional Stay < 90 days	2/3/20	4/15/20	X Self-Certify	March-April: 2 months	
	Hope House	Residential Rehab > 90 days	4/16/20	8/30/20	X Self-Certify	4+months= break	Not Homeless
	Project Home	Emergency Shelter	8/31/20	1/2/21	X HMIS	Aug-Jan: 6 months	Occasion #3
	Floyd House	PSH	1/3/21	Present			
					Total	15 months	Total

CoC Program Participant Homelessness Verification Form
PART 6: DETAILED REQUIREMENTS AND DEFINITIONS

I. PERMANENT SUPPORTIVE HOUSING – FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS

All CT BOS PSH was required to accept only people experiencing chronic homelessness until January 1, 2021. After January 1, 2021 all CT BOS PSH became DedicatedPLUS.

CHRONIC HOMELESS DEDICATED PSH - DEFINITION & REQUIRED EVIDENCE	
DEFINITION OF CHRONIC HOMELESSNESS - To be eligible for chronic homeless dedicated PSH:	REQUIRED EVIDENCE:
<p>Disability - An adult individual or, for families, head of household must have a qualifying disability; Disabling Condition is defined by HUD as a condition that:</p> <ul style="list-style-type: none"> • <i>Is expected to be long-continuing or of indefinite duration;</i> <ul style="list-style-type: none"> ○ <i>Substantially impedes the individual's ability to live independently; AND</i> ○ <i>Could be improved by the provision of more suitable housing conditions; AND</i> ○ <i>Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;</i> <p>OR</p> <ul style="list-style-type: none"> • <i>Is 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); or</i> • <i>Is the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome, including infection with HIV.</i> 	<p>See Disabling Condition Verification Form.</p>
<p>Must be experiencing Literal homelessness at project entry – Must live in a place not meant for human habitation, a safe haven or an emergency shelter; see below for information about RRH and institutional stays. <i>(Note: People living in Transitional Housing are not defined as chronically homeless by HUD.); AND</i></p>	<p>Third-party evidence of residing in ES, SH or unsheltered location at the time of PSH project entry (e.g., print out from HMIS or signed ES/SH/or outreach provider letter).</p>
<p>In addition to the above, must also meet one of the following criteria:</p>	<p>REQUIRED EVIDENCE:</p>
<p>12 Consecutive months homeless at project entry - Have been experiencing homelessness and living in a place not meant for human habitation, a safe</p>	<p>Third-party evidence of residing in ES, SH or unsheltered location for 12 consecutive months at the time of PSH project entry (e.g., print out</p>

CoC Program Participant Homelessness Verification Form

<p>haven or an emergency shelter at least 12 consecutive months at project entry; OR</p>	<p>from HMIS or signed ES, SH, or outreach provider letter).</p> <p>Third-party documentation of a single encounter with a service provider on a single day within 1 month is sufficient to document the entire calendar month (e.g., a letter from an outreach worker documenting an encounter with someone sleeping outside on May 5, 2019, counts for the entire month of May), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe have, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing).</p>
<p>4 Occasions in last 3 years - Have been experiencing homelessness and living in a place not meant for human habitation, a safe haven or an emergency shelter on at least 4 separate occasions within the last three years provided that the total time experiencing homelessness during those occasions equals at least 12 months</p>	<p>Third-party evidence of residing in ES, SH or unsheltered location for at least 4 separate occasions within the last three years, AND that the total time experiencing homelessness during those occasions equals at least 12 months (e.g., print out from HMIS or signed ES, SH, or outreach provider letter).</p> <p>Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, a safe haven or in emergency shelter. HUD has not required that a single occasion of homelessness must total a certain number of days.</p> <p>Third-party documentation of a single encounter with a service provider on a single day within 1 month is sufficient to document the entire calendar month (e.g., a letter from an outreach worker documenting an encounter with someone sleeping outside on May 5, 2019, counts for the entire month of May), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe have, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing).</p>

CoC Program Participant Homelessness Verification Form

RRH AND INSTITUTIONAL STAYS:	REQUIRED EVIDENCE:
<p>An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who was experiencing chronic homelessness before entering that facility also qualifies. Stays in institutional care 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 the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution.</p>	<p>Discharge paperwork or a written or oral referral from an appropriate official of the institution, stating the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90days. All oral statements must be recorded; OR</p> <p>Where the evidence above is not obtainable, a written record of the intake worker’s due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days;</p> <p>AND Third-party evidence that the individual was experiencing chronic homelessness and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into the institutional care facility (see above).</p>
<p>RRH participants who were experiencing chronic homelessness upon RRH entry retain their chronic homelessness status during the time period that they are receiving the RRH assistance. Though RRH participants retain their chronic status during the time period that they are receiving the RRH assistance, time spent in RRH does not count towards an applicants’ duration of homelessness.</p>	<p>Third-party evidence of residing in RRH at the time of PSH project entry (e.g., print out from HMIS or signed RRH provider letter); AND</p> <p>Evidence that the individual was experiencing chronic homelessness and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into RRH (see above).</p>

OTHER IMPORTANT DETAILS REGARDING CHRONIC HOMELESS STATUS:

HUD has determined that once a household has been determined to meet chronic homelessness eligibility and has been accepted into a CoC Program-funded permanent supportive housing program, that, ***under limited circumstances***, household may stay with a friend or family, in a hotel/motel, or in a transitional housing bed, while a PSH bed is identified. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:

- (1) The transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in services or to meet sobriety requirements.
- (2) The PSH provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.

CoC Program Participant Homelessness Verification Form

- (3) There cannot be duplication in billing for the program participant. The PSH provider and the TH provider must coordinate to ensure that appropriate services are provided, and the same services are not being paid for out of both grants.

II. Permanent Supportive Housing (PSH)– DedicatedPLUS

After January 1, 2021 all CT BOS PSH became DedicatedPLUS, and the following eligibility criteria apply.

DEDICATEDPLUS PSH - DEFINITION & REQUIRED EVIDENCE		
	DEFINITION OF DEDICATED PLUS - To be eligible for DedicatedPLUS PSH:	REQUIRED EVIDENCE:
1)	Disability - An adult individual or, for families, head of household must have a qualifying disability; AND	See Disabling Condition Verification Form .
	In addition, must meet one of the following criteria:	
2)	Chronic Homelessness: <i>at least 12 consecutive months of qualified homelessness OR at least 4 separate occasions within the last three years provided that the total time homeless during those occasions equals at least twelve months AND individual or head of household has a disabling condition; OR</i>	See page 5.
3)	Reside in a Transitional Housing project that will be eliminated and was experiencing chronic homelessness when entered TH project (some PSH projects awarded in 2019 may have a waiver of the elimination criterion); OR	Third-party evidence of residing in TH at the time of project entry (e.g., print out from HMIS or signed TH provider letter); Documentation of chronic homelessness when entered TH (See page 5); AND evidence that the TH project was eliminated in the CoC Program Competition through reallocation (e.g., a copy of the CoC’s reallocation charts or signed letter from the collaborative applicant) OR a copy of the waiver notification submitted by HUD.
4)	Reside in Emergency Shelter, Safe Haven, or unsheltered location and had been admitted and enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was unable to maintain housing placement ; OR	Third-party evidence of residing in ES, SH or unsheltered location at the time of current PSH project entry (e.g., print out from HMIS or signed ES, SH, or outreach provider letter); AND evidence of admission and enrollment in at least one RRH or PSH project during the year prior to project entry (e.g., print out from HMIS or signed PSH/RRH provider letter)- NOTE: this criteria includes only people who were admitted for entry, enrolled in the permanent housing project, and exited that project -- all within the previous twelve months from the date of intake into the DedicatedPLUS project; AND Documentation of chronic homelessness when entered previous PSH/RRH project (See page 5).

CoC Program Participant Homelessness Verification Form

5)	Reside in TH component of a Joint TH/RRH project and who were experiencing chronic homelessness prior to entering the project; OR	Third-party evidence of residing in TH component of a Joint TH/RRH at the time of PSH project entry (e.g., print out from HMIS or signed Joint TH/RRH provider letter); AND Documentation of chronic homelessness when entered Joint TH/RRH project (See page 5).
6)	Reside in Emergency Shelter, Safe Haven, or unsheltered location for at least 12 months in the last three years, but has not done so on four separate occasions ; OR	Third-party evidence of residing at the time of project entry in ES, SH or unsheltered location for at least 12 months in the last three years (e.g., print out from HMIS or signed ES, SH, or outreach provider letter);
7)	Receive assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.	Third-party evidence of residing in a VA funded homeless assistance program at the time of PSH project entry (e.g., a letter from the VA program indicating that the program is VA funded); AND Documentation of meeting one of the criteria #2-#6 above when entered the VA project.
<p>IMPORTANT NOTE ON RETENTION OF ELIGIBILITY FOR PEOPLE RESIDING IN RRH (HUD FAQ 529 and AAQ 168792)- Program participants that are receiving Rapid Re-Housing Assistance through programs such as the Emergency Solutions Grants (ESG) Program, the Continuum of Care (CoC) Program, OR the Supportive Services for Veterans Families (SSVF) Program, maintain their homeless status for the purpose of eligibility for CoC-funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Additional details follow:</p> <ul style="list-style-type: none"> • For people currently enrolled in RRH and seeking transfer to PSH, it is not required that eligibility for PSH was verified at intake into RRH. • Rather, documentation that the person met both the required length of time homeless and disabling condition criteria at the time of RRH entry can be obtained at intake into PSH. • Time spent residing in a RRH unit does not count towards the length of time homeless requirement for PSH. 		

III. Rapid Re-Housing (RRH)

REMINDER: This form is not to be used by YHDP programs. YHDP RRH programs may also serve individuals or families coming from transitional housing. For more information about YHDP program eligibility see the YHDP Homeless Verification Form and other youth-specific materials at <http://www.ctbos.org/youth/>.

RRH ELIGIBILITY CRITERIA & REQUIRED EVIDENCE	
ELIGIBILITY CRITERIA FOR RRH - Rapid Re-Housing programs may serve:	REQUIRED EVIDENCE:
Individuals or families coming from emergency shelters, safe havens or a place not meant for human habitation ; AND	Third-party evidence of residing in ES, SH, or unsheltered location at the time of RRH project entry (e.g., print out from HMIS or signed ES, SH, or outreach provider letter);
Individuals or families qualifying as homeless under HUD Category 4 (i.e. fleeing or attempting to flee domestic violence) (see details below)	SEE BELOW

CoC Program Participant Homelessness Verification Form

DV BONUS RRH programs may only serve individuals or families qualifying as homeless under **HUD Category 4**.

In order to qualify under HUD Category 4, the individual or family must:

- Be fleeing or attempting to flee domestic violence, sexual assault, stalking, human trafficking (including sex trafficking) or other dangerous or life-threatening conditions related to violence; AND
- Have no other residence; AND
- Lack the resources or support networks to obtain other permanent housing.

A signed and dated certification from an intake worker or case worker must be included according to the instructions below. HUD stresses that where the safety of the individual or family may be jeopardized by an intake worker's attempt to obtain third-party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written self-certification by the individual or head of household.

For victim service providers:

- A statement by the individual or head of household seeking assistance which states: they are fleeing, they have no subsequent residence, and they lack resources to obtain other permanent housing. The statement must be documented in writing by self-certification or by the intake worker.

For non-victim service providers

- A written self-certification by the individual or head of household seeking assistance that states that they are fleeing, that they lack the resources or support networks to obtain other permanent housing, and that no subsequent residence has been identified; AND
- A written observation from the intake worker or a written referral by a housing or service provider, legal assistance provider, social worker, health care provider, law enforcement agency, pastoral counselor, or any other organization from whom the program participant had sought assistance due to domestic violence, dating violence, human trafficking, or stalking. This documentation need only include the minimum amount of information required to document that they are fleeing and is not required if obtaining or maintaining this information would jeopardize their health or safety.

CoC Program Participant Homelessness Verification Form

IV. Transitional Housing

TH ELIGIBILITY CRITERIA & REQUIRED EVIDENCE	
ELIGIBILITY CRITERIA FOR TH – Transitional Housing programs may serve:	REQUIRED EVIDENCE:
Individuals or families coming from emergency shelters or a place not meant for human habitation (see below for information on brief institutional stays); AND	Third-party evidence of residing in ES, or unsheltered location at the time of RRH project entry (e.g., print out from HMIS or signed ES/SH/or outreach provider letter);
Individuals or families qualifying as homeless under HUD Category 4 (i.e. fleeing or attempting to flee domestic violence). In order to qualify under HUD Category 4, the individual or family must: <ul style="list-style-type: none"> • Be fleeing or attempting to flee domestic violence, sexual assault, stalking, human trafficking (including sex trafficking) or other dangerous or life-threatening conditions related to violence; AND • Have no other residence; AND • Lack the resources or support networks to obtain other permanent housing. 	A signed and dated certification from an intake worker or case worker must be included <u>according to the instructions below</u> . HUD stresses that where the safety of the individual or family may be jeopardized by an intake worker’s attempt to obtain third-party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written self-certification by the individual or head of household. For victim service providers: <ul style="list-style-type: none"> • A statement by the individual or head of household seeking assistance which states: they are fleeing, they have no subsequent residence, and they lack resources to obtain other permanent housing. The statement must be documented in writing by self-certification or by the intake worker. For non-victim service providers: <ul style="list-style-type: none"> • A written self-certification by the individual or head of household seeking assistance that states that they are fleeing, that they lack the resources or support networks to obtain other permanent housing, and that no subsequent residence has been identified; AND • A written observation from the intake worker or a written referral by a housing or service provider, legal assistance provider, social worker, health care provider, law enforcement agency, pastoral counselor, or any other organization from whom the program participant had sought assistance due to domestic violence, dating violence, human trafficking, or stalking. This documentation need only include the minimum amount of information required to document that they are fleeing and <u>is not required if obtaining or maintaining this information would jeopardize their health or safety</u>).
An individual who has been residing in an institutional care facility , including a jail, substance	Discharge paperwork or a written or oral referral from an appropriate official of the institution, stating

CoC Program Participant Homelessness Verification Form

<p>abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who was experiencing literal homelessness before entering that facility also qualifies. Stays in institutional care 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 the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution.</p>	<p>the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90 days. All oral statements must be recorded; OR</p> <p>Where the evidence above is not obtainable, a written record of the intake worker’s due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days;</p> <p>AND Third-party evidence that the individual was experiencing literal homelessness and living in a place not meant for human habitation, or in an emergency shelter, immediately prior to entry into the institutional care facility (see above).</p>
<p>Income: Projects may serve only participants with income below 30% of area median income (AMI)</p>	<p>Documentation of Area Median Income for the relevant household size. Find AMI charts by year at the following site: https://www.huduser.gov/portal/datasets/il.html.</p> <p>Documentation of household income at project entry, using the following order of priority:</p> <ol style="list-style-type: none"> 1. Source documents (e.g., wage statements, unemployment compensation statement, public benefits statements) 2. If source documents are unavailable, use a written statement by the relevant third party or the written certification by the recipient’s intake staff of the oral verification by the relevant third party 3. If source documents and third-party verification are unavailable, use written certification by the program participant <p>If using option #3, document attempts to obtain source and third-party evidence.</p>
<p>Diversion Screening - Applicants for transitional housing must be screened for diversion and admitted only if no other options are available.</p>	<p>Signed letter from the CAN or other entity certifying that diversion attempts were made prior to transitional housing entry and no other options were available.</p>

DOCUMENTATION REQUIREMENTS

Except as noted below the following standards apply to all project types (i.e., TH, RRH, Joint TH/RRH, DedicatedPLUS PSH, and Chronically Homeless Dedicated PSH)

Acceptable forms of evidence:

All CoC programs are required to maintain and follow written intake procedures (see [Sample Project Intake Policy](#)) establishing the order of priority for obtaining evidence as:

First Priority: Third-party documentation

- A printed **HMIS record** or record from a comparable database;
- A letter from a **housing/service provider** (e.g., shelter, outreach, RRH worker, CAN, or soup kitchen worker, doctor, therapist, counselor or other service provider). Housing/Service providers and intake

CoC Program Participant Homelessness Verification Form

workers must specify each month of encounter, the location of each encounter, the living conditions, and nature of the conversations that indicated the person was experiencing homelessness. Providers may not provide documentation for months in which they did not encounter the person. For situations in which providers did not observe the location where the person resides, they must state why they believe to the best of their knowledge based on professional judgment that the person is experiencing homelessness. Housing/service providers may document homelessness even if their encounter with the client occurred in a setting other than the living location (e.g., a soup kitchen, drop-in center, library, or office).

- A letter from a **community member** (e.g., clergy person, educator, law enforcement officer, elected official, neighbor, relative, or shopkeeper) attesting to having physically observed the living location, describing that location, and specifying the months in which observation of the living location was observed.
- Documentation by the **intake worker** of the information provided orally by a community member who is unwilling to provide a written letter. Documentation must include all details specified above as required for a letter from a community member.

Second Priority: Intake worker observation

- A written observation by an outreach worker of the conditions where the individual was living;

Third Priority: Certification from the person seeking assistance – allowable only when qualifying as Category 4 (DV), Chronically Homeless, or DedicatedPLUS.

- Where a person is being qualified as Category 4 (DV), Chronically Homeless, or DedicatedPLUS and first or second priority evidence described above cannot be obtained, a certification by the individual seeking assistance is allowable. **SEE DETAILS AND LIMITATIONS ON USE OF SELF-CERTIFICATION**

EVIDENCE BELOW. Such self-certification evidence must:

- ✓ Include a dated letter signed by the applicant attesting to the qualified locations where the applicant lived and the approximate dates living in each location; AND
- ✓ Be accompanied by documentation by the intake worker of the living situation and circumstances that necessitate reliance on self-certified evidence (such as, client was camping in a remote area and did not have contact with any service providers or emergency shelter where client resided was unresponsive to multiple attempts to obtain third party documentation); AND
- ✓ Be accompanied by documentation of steps taken to obtain third-party documentation, including documenting attempts to locate HMIS records and attempts to obtain letters from an emergency shelter or other service provider knowledgeable of the applicant's homelessness

Requirements for all third-party, intake worker documentation of oral evidence provided by a community member, and intake worker observation letters

All letters must be signed and dated. Where applicable, letters must be on agency letterhead. The name and title of the person signing must be indicated. If the signatory does not have a relevant title, then the letter must state his/her relationship to the client. All content must be legible.

Details and limitations on use of self-certification evidence:

- **DISABILITY** – Disabling conditions cannot be self-certified.

CoC Program Participant Homelessness Verification Form

- **FOR HUD CATEGORY 4 (DV)** - HUD stresses that where the safety of the individual or family may be jeopardized by an intake worker’s attempt to obtain third-party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written self-certification by the individual or head of household.
- **FOR TH AND RRH** – Third-party documentation or intake worker observation required
- **FOR DEDICATEDPLUS AND CHRONICALLY HOMELESS DEDICATED PSH** - Up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report. HUD allows self-certification while third-party documentation is gathered for up to 180 days (participants enrolled for fewer than 180 days can be excluded from the determination of whether at least 75% of participants have at least 9 months of third-party documentation). Self-certification must be accompanied by documentation of intake workers’ attempts to obtain third-party documentation.

Part 7: Quick Reference Guide - Eligibility for CT BOS CoC Programs

Important Note: *This guide is intended for quick reference only. CoC Programs should carefully review all details regarding homelessness and disability requirements and ensure adequate documentation is in each participant chart to avoid monitoring findings and recapture of program funds by HUD.*

Component Type	Eligible Participants
YHDP All Component Types	This document is not intended for use by YHDP projects. The Youth Homeless Verification Form and other youth-specific materials can be located here: http://www.ctbos.org/youth/
Permanent Supportive Housing –For People Experiencing Chronic Homelessness People	<p>Currently homeless and living in a place not meant for human habitation, safe haven, or in an emergency shelter (<i>Note: People living in Transitional Housing are do not meet the HUD chronic homelessness definition</i>);</p> <p>AND</p> <p>Has been homeless and residing in a qualified location continuously for at least 12 months or on at least 4 separate occasions in the last 3 years that combined total at least 12 months;</p> <p>AND</p> <p>An adult head of household (or, if there is no adult in the family, a minor head of household), has a qualifying disability.</p>
Permanent Supportive Housing - DedicatedPLUS	<p>An adult head of household (or, if there is no adult in the family, a minor head of household), has a qualifying disability;</p> <p>AND</p> <p>Currently experiencing chronic homelessness (see row above);</p> <p>OR</p> <p>Is residing in a transitional housing project that will be eliminated and met HUD’s definition of chronically homeless that was in effect at the time during which the individual or family entered the transitional housing project;</p> <p>OR</p>

CoC Program Participant Homelessness Verification Form

	<p>Is residing in a place not meant for human habitation, safe haven or emergency shelter and was admitted and enrolled in a permanent housing project (PSH or RRH) within the last year but was unable to maintain a housing placement, and met the definition of chronic homeless as defined by HUD prior to entering the project;</p> <p>OR</p> <p>Is residing in TH component of a Joint TH/RRH project and who was experiencing chronic homelessness prior to entering the project;</p> <p>OR</p> <p>Is residing and has resided in a place not meant for human habitation or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions, and the individual or head of household meets the definition of 'homeless individual with a disability';</p> <p>OR</p> <p>Is receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.</p>
<p align="center">Rapid Re-housing</p>	<p>Currently experiencing homelessness and living in a place not meant for human habitation or in an emergency shelter or safe haven;</p> <p>OR</p> <p>Qualifies as homeless under HUD Category 4 (i.e. fleeing or attempting to flee domestic violence).</p> <p>DV BONUS RRH programs may only serve individuals or families qualifying as homeless under HUD Category 4.</p>
<p align="center">Transitional Housing</p>	<p>Currently experiencing homelessness and living in a place not meant for human habitation or in an emergency shelter or safe haven</p> <p>OR</p> <p>Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND was residing in an emergency shelter or unsheltered location immediately before entering that facility;</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, human trafficking, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing.</p> <p><u>In addition, all transitional housing applicants must:</u></p> <p>Be screened for diversion and no other housing options are available;</p> <p>AND</p> <p>Have a household income below 30% of AMI.</p>