

Verification and Certification of Homelessness

Complete Parts I and III for each Participant. Dependent upon the participant's status, complete either Part II (A) or Part II (B). For guidance refer to HUD's ESG Program Desk Guide dated March 2001 (on line at <http://www.hud.gov/offices/cpd/homeless/library/esg/esgdeskguide/index.cfm>) and/or contact DCA.

Part I – Certification of Participant

I certify that I am homeless and do not have resources to obtain housing for the following reason(s):

Attach additional page(s) if necessary

Participant's Signature

Date

For Part II – Third Party Homeless Documentation. Provide 3rd party documentation, as appropriate. Circle appropriate letter (A – G) and attach documentation. *Note that to qualify for McKinney-funded permanent supportive housing beginning with programs funded in 2006, persons must enter permanent housing programs from “streets or shelters, or from transitional housing with documentation to support that they entered transitional housing from streets or shelters.”*

A. Participant sleeping in place(s) not meant for human habitation

Documentation may include letters or memos regarding the Participant's activities in the recent past that could be used to document homelessness. This would include documentation from neighbors, private citizens, police, DFCS, sheriff, homeless outreach agencies, Traveler's Aid, churches, the address used for public assistance checks, etc. Absent any of this information, obtain a signed statement by the homeless person detailing the reasons for homelessness.

B. Participant is homeless living in a shelter or in transitional housing

Documentation should include a letter or memo from the homeless service agency accompanied by the original 3rd party documentation, per Part II (B) A, C, D, E or F described herein.

C. Participant is within one week of eviction

Documentation that participant is being evicted within the week from dwelling unit and no subsequent residence has been identified AND participant lacks the resources and support networks needed to access housing. If eviction notice is other than dispossession, contact DCA for guidance. If the Participant's family is evicting, a statement describing the reason for eviction must be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, obtain a signed and dated statement from the participant describing the situation. The Homeless Service Agency must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

D. Participant is leaving short-stay facility, such as a detox center, crisis center, jail, etc. (30 days or less) who previously resided on the street, in a shelter, or in a place not meant for human habitation

Documentation should include a letter or memo from the short-term facility or Provider accompanied by the original 3rd party documentation, per Part II A, B, C, E, F or G described herein.

E. Participant is being discharged within the week from institution (jail, mental hospital, personal care home, nursing home, supportive housing program, DFCS, medical facility, etc.) and has been a resident there for more than 30 consecutive days, no subsequent residences have been identified,

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and without assistance participant would have to sleep in a shelter or in a place not meant for human habitation

Documentation must include evidence from the institution or a homeless service provider (may be a community mental health agency) that the institution will discharge the participant within 7 days (or has already discharged the participant), that the participant does not have housing resources, that no subsequent residences have been identified, and that the participant lacks the resources and support network needed to obtain housing without assistance.

F. Persons fleeing domestic violence

Obtain written verification from the participant that he/she is fleeing a domestic violence situation. If Participant is unable to prepare verification, the Homeless Service provider may prepare a written statement about the Participant’s previous living situation for the Participant to sign and date.

Part III – Certification of Homeless Service Agency

Based upon representations made to me by the participant (Part I) and accompanying documentation (Part II), I find him/her to be homeless and eligible for assistance. Describe 3rd party documentation and circumstances - attach additional page(s), if necessary:

Eligibility for HUD SHP & S+C Permanent Housing Placement for Projects Funded in 2005 (and beyond):

Documentation is attached to show that this person is admitted to the program directly from the streets (see Part II.A.), from “shelter” (see Part II.B.), or from transitional housing having entered transitional housing from the “streets” or from “shelter” (see Part II.B.).

To Document Chronic Homelessness:

This person is “chronically homeless.” If box is checked, attach documentation. Note that most S+C providers and others with CoC grants have goals for serving chronically homeless persons. Your ability to provide reasonable documentation may assist this person with permanent housing.

Per 2005 CoC Guidelines: *A chronic homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that ~~time~~ (year). An episode is a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.*

Per 2005 CoC OA: *A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living. A chronically homes person must be unaccompanied and disabled during each episode.*

By:

Signature of Certifying Representative of Homeless Service Agency _____ Date _____