

Certification of Chronic Homelessness

This checklist may be used for staff persons to assess a client's chronic homeless status. **It should be accompanied by supporting documentation of both disability and time homeless.** Together, these documents must be maintained in the client's file.

APPLICANT NAME:

DIAGNOSIS OF DISABILITY

Individual or adult head of household (or if there is no adult, a minor head of household) has been diagnosed with one (or more) of the following disabilities (check all that apply). Disability is of long-continued, and indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by more suitable housing conditions:

- Substance use disorder
- Serious mental illness
- Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000)
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability

Evidence of Disability

- Certification of Disability form; or
- Written verification from the Social Security Administration; or
- Copies of a disability check (e.g. Social Security Disability Insurance or Veterans Disability Compensation); or
- Outreach Worker observation confirmed by a Certification of Disability form < 45 days after application for assistance

12 MONTHS CONTINUOUS OR CUMULATIVE HOMELESSNESS

Individual or adult head of household (or if there is no adult, a minor head of household) is homeless and has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:

- Continuously for at least 12 months; or
- On at least 4 separate occasions in the last 3 years, where the combined occasions equal to at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.

Evidence of Homeless Status

To certify duration of homelessness, please complete the table below and attach documentation, which may include: HMIS records or 3rd Party Verification form (which includes observations by outreach workers or community members) or Self-Certification form. All of the breaks may be documented with a Self-Certification form.

Location of Stay (Breaks >7 days must be documented)	Verification Type (HMIS/3rd Party/Self-Cert.)	Begin Date	End Date	Duration
Total Months Homeless (must be >12 months)				

Notes:

- A single encounter on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).
- Individuals residing in institutional care facilities < 90 days who were homeless (as described above) immediately prior to entering that facility are considered homeless. Institutional care facilities include jails, substance abuse or mental health treatment facilities, hospitals, or other similar facilities. Stays in these facilities for < 90 days do not constitute a break in homelessness and are included in the 12-month total, as long as the individual has a documented period of homelessness immediately prior to entering the facility.

STAFF CERTIFICATION

I certify that the above applicant meets both of the criteria above (diagnosis of disability and 12 months continuous homelessness or 4 or more episodes of homelessness in the past 3 years that cumulatively total 12+ months).

Printed Name: _____ Title: _____
 Signature: _____ Date: _____