



DEDICATEDPLUS VERIFICATION TRAINING GUIDE

Documenting Eligibility for DedicatedPLUS Permanent Supportive Housing (PSH) Verification Training Guide

The Documenting Eligibility for DedicatedPLUS PSH Verification Training Guide is intended to assist recipients and subrecipients of CoC-funded PSH that have been designated as DedicatedPLUS, in documenting the eligibility of an individual or family for entry into a project. Beginning with the FY 2017 CoC Program award, all CoC-funded PSH in the LA City and County CoC will be operating under DedicatedPLUS guidelines. This guide provides details to recipients and subrecipients of CoC-funded PSH on how to determine and document eligibility of all households entering the DedicatedPLUS PSH following the start date of the FY 2017 award.

Questions

Please direct any questions related to eligibility documentation requirements for DedicatedPLUS to HCCsupport@LAHSA.org.

SECTION I: OVERVIEW

A. Overview of Eligibility in LA CoC DedicatedPLUS PSH

Beginning with the operation of the FY 2017 CoC Program awards for all PSH newly classified as DedicatedPLUS, any new program applicants will be required to meet the following criteria:

- A single adult, an adult member of the household, an unaccompanied youth, or a youth head of household who has a disability that is expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; and, could be improved by providing more suitable housing conditions; and,
- Is currently residing in a place not meant for human habitation, a safe haven, or in an emergency shelter (or in an institution where they have resided for fewer than 90 days, and were residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior); and,
- Meets one of the following:
 - Is experiencing [chronic homelessness as defined in 24 CFR 578.3](#), which means that the applicant has been residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for the last 12 months consecutively, or for a cumulative total of at least 12 months over four separate occasions in the last three years; or,
 - Was enrolled and housed in PSH within the last 12 month period and met the definition of [chronic homelessness as defined in 24 CFR 578.3](#) at that time but was unable to maintain the housing placement; or,
 - Has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months cumulatively in the last three years but has not experienced four distinct and separate occasions.



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Program applicants already being assisted in a PSH project prior to the execution of the FY 2017 grant are not impacted by this change as their eligibility was based on the requirements in place at the time in which they were enrolled.

Eligible applicants will be prioritized for assistance in CoC-funded PSH in accordance with the CoC written standards and the CES prioritization policy and guidelines. Chronically homeless households and persons most likely to become chronically homeless will continue to be the priority.

B. Overview of Documentation Requirements in LA CoC DedicatedPLUS PSH

For all new program applicants enrolled after the execution of the FY 2017 award, the following documentation will be required for each household:

- Documentation of the household's **homelessness history** which must include at least four (4) months of third-party documentation in accordance with HUD guidance for acceptable third-party documentation unless granted an exception by LAHSA for extenuating circumstances. The four months do not need to be consecutive but rather can be for any four months during the most recent three-year period. The remaining months can be documented with a written self-certification from the program applicant when accompanied by a certification from the recipient.
- Documentation that the household meets the requirement for "individual with a **disability**." Documentation must be obtained and maintained in accordance with the final rule on defining "homeless" and the final rule on defining "chronically homeless."
- Documentation that the household is **currently homeless**. This means the household is residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven (or is exiting an institution where they have resided for fewer than 90 days and were living in a place not meant for human habitation, in an emergency shelter, or in a safe haven immediately prior).

C. Categories of DedicatedPLUS

- HUD defines six categories of DedicatedPLUS to which an applicant may apply. Each category requires different documentation for verification, detailed below. Shortened versions of these descriptions appear on the Cover Checklist form. For more information, see [HUD guidance](#).

Category 1: Experiencing chronic homelessness as defined in 24 CFR 578.3.

Documents Required: Homelessness History Form and supporting documentation indicated therein

Category 2: Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project.



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Documents Required: TH Program Enrollment Record, Documentation of Chronic Homelessness at Joint TH-RRH Entry, and Letter certifying program closure

Category 3: Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement.

Documents Required: Joint TH-RRH Program Enrollment Record, and Documentation of Chronic Homelessness at Joint TH-RRH Entry.

Category 4: Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project.

Documents Required: PSH Program Exit Record dated within the last year, and Documentation of Chronic Homelessness at PSH Entry.

Category 5: Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years but has not done so on four separate occasions.

Documents Required: Homelessness History Form and supporting documentation indicated therein.

Category 6: 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.

Documents Required: VA Homelessness Verification Form

All categories must provide documentation which satisfies the three eligibility criteria for DedicatedPLUS: homelessness history, disability status, and current homelessness. These three criteria are indicated by the three sections in the table below and on the Cover Checklist.

Sections	Category 1 and 5	Category 2, 3, 4 and 6
	DedicatedPLUS Cover Sheet	DedicatedPLUS Cover Sheet
Homelessness History	Homelessness History Form and supporting documentation	Verification of CH eligibility from prior intake
Disability Status	Disability documentation	Verification of CH eligibility from prior intake
Current Homelessness	Verification of current homelessness	Verification of current enrollment



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DedicatedPLUS Verification Packet

- The following forms are used to support the DedicatedPLUS Verification Packet. Additional documentation may be required when certifying an individual or household's chronic homeless status, depending on the Category of DedicatedPLUS for which the applicant is applying. See Section 3J of the DedicatedPLUS Verification Training Guide for more details on additional documentation required for each Category.
 1. **Cover Checklist (#2835)**- The checklist is completed by a service provider who is obtaining all the supporting documents needed to certify an individual or household's chronic homeless or DedicatedPLUS status. The checklist indicates the documentation that will be contained in the following pages of the packet.
 2. **Homelessness History Form (#2835)**- This form is required for Categories 1 and 5 to document months and places in the past three years in which the applicant experienced homelessness.
 3. **Homelessness Verification Form (#6053)**- This form is used to obtain information from either a third-party or the applicant, verifying the individual's or household's occasion(s) of homelessness. See Homelessness History Form for additional instructions.
 4. **Agency Due Diligence to Acquire 3rd Party Homelessness Verification (#1446)**- The form is required if an applicant is self-certifying their homeless status.
 5. **Verification of Disability Form (#2833)**- This form must be signed by a professional licensed by the state to diagnose and treat the disabling condition(s). This form is required, unless the DedicatedPLUS Verification Packet includes written verification of disability from the Social Security Administration.

SECTION II: Definitions

A. Permanent Supportive Housing

- Permanent supportive housing (PSH) is permanent housing with long-term leasing or rental assistance paired with supportive services to assist homeless persons with a disability, or families with a qualifying household member with a disability, achieve housing stability. In DedicatedPLUS PSH, the qualifying household member must be the head of household.

B. Rapid Re-Housing

- Rapid re-housing is an intervention designed to help individuals and families that do not need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

C. Transitional / Bridge Housing

- Transitional / Bridge Housing projects have as their purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of



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time (within 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

D. Safe Haven

- A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

E. Institutional Care Facilities (Institutions)

- An institutional Care Facility includes such places as jails, substance abuse treatment facilities, mental health treatment facilities, hospitals, Residential Facilities for the Chronically or other similar facilities.

F. Chronic Homelessness

- Chronic homelessness is defined as:
 1. An individual who:
 - i. Is homeless with a disability - IN GENERAL.—The term 'homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that— (i) (I) is expected to be long-continuing or of indefinite duration; (II) substantially impedes the individual's ability to live independently; (III) could be improved by the provision of more suitable housing conditions; and (IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (ii) 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 (iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. (B) RULE—Nothing in clause (iii) of subparagraph (A) shall be construed to limit eligibility under clause (i) or (ii) of subparagraph (A).
 - ii. Lives in a place not meant for human habitation (e.g., street, sidewalk, car, park, abandoned building, bus station, airport, or campground), a safe haven, or in an emergency shelter; and
 - iii. Has been homeless and living as described in paragraph ii continuously for at least 12 months (one year) or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph ii.



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- a) Stays in institutional care facilities 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 or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance use or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1), 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 paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

The Final Rule on Defining “Chronically Homeless,” as well as additional resources, can be located at: <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

G. Homeless Individual with Disabilities

- A person who is homeless with disabilities is a person who lives in a place not meant for human habitation (e.g., street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground), a safe haven, transitional housing (non-CoC programs only), or in an emergency shelter; and can be diagnosed with one or more of the following 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 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

H. Due Diligence

- Due diligence is defined as the reasonable steps taken by agency receiving referral in order to satisfy HUD’s legal requirement to verify a person’s eligibility for services.
 - Documentation should include:
 - Description of efforts to obtain third-party documentation
 - May include phone logs, email correspondences, copies of certified letters, etc.
 - Outcome of efforts, including obstacles
 - Signed and Date by Intake staff as true and complete.



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I. Defining an Occasion of Homelessness vs. a Break in Homelessness

- **Occasion of homelessness:** HUD defines an occasion of homelessness as a period of time in which an individual is living in a place not meant for human habitation (e.g., streets, park, sidewalk, abandoned buildings, car, etc.), a safe haven, or in an emergency shelter. Stays in institutions (i.e., jail, hospital, mental health or substance use treatment facility) of fewer than 90 days constitute as an occasion and count toward total time homeless provided that the individual was residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- **A Break in homelessness:** The final HUD rule provides that a break between occasions of homelessness is considered to be any period of 7 or more consecutive nights where an individual or family is residing in a place *meant for* human habitation and/or is not residing in an emergency shelter or safe haven. Stays in institutions longer than 90 days, paying for any form of housing whether it is a hotel/motel, stays in transitional or permanent housing, and sleeping on a couch of a family or friend's place for 7 or more consecutive nights are considered a break.

SECTION III: MAINTAINING ELIGIBILITY FOR DEDICATEDPLUS

A. Chronic Homeless Status for Rapid Rehousing Applicants

- Maintained Chronic Homeless Status During Rapid Rehousing: Rapid Rehousing applicants who qualified as chronically homeless prior to entry maintain their eligibility for future placement in a DedicatedPLUS PSH. The applicant's DedicatedPLUS status is maintained for the entirety of their stay in rapid rehousing. The DedicatedPLUS service provider would need to document that the household met the eligibility criteria for its project when the household initially entered the rapid re-housing project.
- Time Spent Residing in Rapid Rehousing: Although a program applicant maintains their eligibility for DedicatedPLUS if they met the criteria prior to moving into permanent housing through the rapid rehousing program, the time spent residing in rapid rehousing units is considered a "break" in homelessness and does not count towards the calculation of applicant's length of time homeless.

B. PSH to PSH Transfer

- As long as program applicants from the PSH project have ***not yet been exited*** from the PSH program, then the program applicants may be transferred to another CoC Program-funded PSH provided that they met the eligibility requirements of the new PSH prior to entering the original PSH.
 - **Note:** Program applicants who met the definition of chronically homeless in place at the time they entered the original PSH are not required to meet the definition of chronically homeless established in the [Defining Chronically Homeless Final Rule](#), published December 4, 2015, unless they entered PSH after January 15, 2016.



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- Under the CoC Program, even though eligible households do not retain their homeless status once they are placed in permanent supportive housing, permanent supportive housing projects funded with CoC Program funds may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program applicants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur if there were another permanent supportive housing program that better met the service needs of the program applicant.
- Where a transfer occurs, recipients or subrecipients accepting program applicants from other permanent supportive housing projects must keep records on file demonstrating that the individual or family is (1) transferring from another permanent supportive housing project; (2) the reason for the transfer; and (3) met the eligibility requirements for permanent supportive housing prior to entering the original permanent supportive housing project.

C. Impact on Eligibility of Enrollment in Transitional Housing

- HUD has provided the following guidance regarding persons coming from TH and the extent in which they are eligible for DedicatedPLUS PSH:

HUD would like to clarify that while individuals and families that are residing in *transitional housing for homeless persons* are considered homeless under paragraph 1 of the definition of homeless in section 578.3 of the [CoC Program interim rule](#), in general, persons residing in transitional housing (TH) are **not** considered chronically homeless and therefore, *do not* maintain their chronically homeless status for purposes of eligibility into other CoC Program funded projects, even if they were determined chronically homeless prior to entry into TH. This is because to be considered chronically homeless, a household must meet the following criteria outlined in the [Final Rule on Defining “Chronically Homeless,”](#) and this does not include persons residing in transitional housing.

In addition, time spent in a transitional housing program would not count toward the 12 months of homelessness (cumulatively or continuously). The time spent in TH would count as a **break** in homelessness if the stay in TH is for at least seven nights. For more information on how HUD defines a break in homelessness please refer to FAQ 2752: [What constitutes an occasion of homelessness and how does HUD define a break?](#)

- One exception is for those individuals and families who were accepted into a CoC Program-funded permanent supportive housing program, but where a unit is not immediately available. 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 permanent supportive housing program in which they have



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already been accepted. HUD would also allow a CoC to temporarily house the applicant in an available transitional housing bed while a permanent housing unit is identified.

- The other exception is for persons who qualified as chronically homeless at that initial point of entry into VA homeless services and was served in a VA-funded program that is characterized as transitional housing, such as GPD. As found in the [CPD memo](#) published in 2013, HUD stated that because the VA determines whether or not a Veteran is chronically homeless at the initial intake to VA homeless services, veterans who qualify as chronically homeless at that initial point of entry into VA homeless services will maintain that status throughout the episode of care, even if they are served in a VA-funded program that is characterized as transitional housing (such as GPD). That Veteran would continue to be eligible for both HUD-VASH and CoC Program-funded permanent supportive housing dedicated or prioritized for the chronically homeless. This exception does not apply when a Veteran is assisted in transitional housing that is not a VA-funded program. The time spent in VA-funded transitional housing, such as GPD, does not count towards the veteran's total length of time homeless, however.

SECTION IV: HOMELESSNESS DOCUMENTATION

The following table provides more detail and guidance for the documentation required to document homelessness history for DedicatedPLUS status. Staff must follow the Continuum's stated preferred order for documentation when documenting homeless status, which is:

- HMIS or administrative documentation
- Third-party documentation,
- Intake/outreach worker observations, and
- Certification (generally written) from the head of household seeking assistance.

FORM	PURPOSE	Categories	GUIDANCE
Cover Checklist	Indicate the documentation that will be included in the DedicatedPLUS Verification Packet	Required for All Categories	<ul style="list-style-type: none"> - Fill in client and agency contact information. - Check the box for the DedicatedPLUS Category, type of disability verification, and type of current homelessness verification attached. - For each of the three sections, check only one box.
Homelessness History Form	Document months and places in the past three years in which the	Required for Categories 1 & 5	<ul style="list-style-type: none"> - Section 1. Fill in the name of each month and year in which the client is known to have experienced homelessness, starting with the current month, and listing the remaining months in reverse order. Once 12 months of



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	applicant experienced homelessness		<p>homelessness have been documented for the client, no further months of documentation are required. It is ok to pre-fill all months in reverse chronological order if the specific months are not known when the form is started.</p> <p>Section 2. Review the HMIS Timeline and talk with the client to determine if they experienced homelessness in any month within the past 3 years. (Only 12 months need to be documented.) In the row for each known month, insert an "X" in the "Known Period of Homelessness" column and add an "X" in the appropriate (green) column to designate the place in which the person experienced homelessness.</p> <p>Section 3. Begin collecting documentation for these periods. As documentation is compiled, indicate an "X" in the relevant documentation column. Documentation is only needed for 12 months. Documentation from HMIS or a third-party is needed for at least 4 months. If third-party documentation cannot be readily collected, the client can self-certify homelessness for up to 8 of the 12 months¹. If self-certification of homelessness is used, attempts to collect third-party documentation must be recorded on a due diligence form.</p> <p>Section 4. List page numbers for documentation of homelessness history. Note that for rows with the Homelessness Verification Form and Due Diligence Form checked off, two page numbers should be listed (one for each form; one Due Diligence Form may be listed for multiple rows). - Refer to Decision Tree for additional guidance on most efficient order of operations with collecting documentation.</p>
Homelessness Verification Form	Obtain information from either a third-party or the applicant,	May be necessary for Categories 1 & 5	- Indicate who is verifying homelessness. If different sources are needed to verify distinct months, each source should complete their own form.

¹ The requirement for at least 4 months of third-party documentation for DedicatedPLUS is a CoC-wide policy in the Los Angeles City and County CoC and is not a HUD requirement.



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	verifying the individual's or household's occasion(s) of homelessness		<ul style="list-style-type: none"> - Check the box which most closely describes the encounter or observation in which homelessness was verified. - If form is being used to verify current homelessness, indicate most recent date person was known to be in this location, and type of location where household was residing; OR if form is being used to verify prior homelessness, complete table below on the form. If only verifying prior homelessness, 'Most Recent Date' is not needed.
Agency Due Diligence to Acquire 3 rd Party Homelessness Verification	Document and certify the provider's due diligence efforts to support 3 rd party verification or up to 8 months ² of client self-certification of homelessness	May be necessary for Categories 1 & 5	<ul style="list-style-type: none"> - This can be used when a HMIS record is not available or to supplement an existing HMIS record. - Every provider is required to do their due diligence in obtaining 3rd party verification of an applicant's homelessness history to satisfy HUD's legal requirement for verification of a person's eligibility. One form should be used for each third-party source. At least two attempts to reach that source are required before relying on client self-certification. - This document is intended to document and certify the provider's due diligence efforts. The provider should complete this form while attempting to collect third-party documentation. If they are successful, the form need not be turned in (since third-party documentation will be provided in the packet). However, if the attempt is not successful and self-certification is submitted, this form should be appended.

SECTION V: DOCUMENTING DISABILITY STATUS:

<u>PRIORITY</u>	<u>DOCUMENTATION</u>
1 st Priority	Verification of Disability Form or written verification of the disability from a professional licensed by the state to diagnose and treat the disabling condition(s).
2 nd Priority	Written verification from the Social Security Administration

² The requirement for at least 4 months of third-party documentation for DedicatedPLUS is a CoC-wide policy in the Los Angeles City and County CoC and is not a HUD requirement.



DedicatedPlus 2.0

Verification Packet

Sample Application



DedicatedPLUS Verification Packet

Date associated with this Verification Packet

4/18/2021

Clarity ID

822AA33BB

Name of Program Applicant

Jane Smith

Date of Birth

01/01/1992

Agency Contact (Person who can answer questions about this packet)

Susie Doe

Agency Name

Helping Hands

Phone of Agency Contact

(213) 111-2233

Email for Agency Contact

Sdoe@helpinghands.org

DedicatedPLUS Homelessness Category (Pick One: Check the box for the DedicatedPLUS category that the client is attempting to qualify under)

- ☐ Category 1: Chronically Homeless *[Attach: Homelessness History Form and supporting documentation]*
- ☐ Category 2: In Transitional Housing (TH) that is being eliminated & CH at TH entry *[Attach: TH Program Enrollment Record, Documentation of Chronic Homelessness at TH Entry, and Letter certifying program closure]*
- ☐ Category 3: Currently homeless, was admitted and enrolled in PSH within last year, was unable to maintain housing, and was CH at time of entrance into PSH *[Attach: PSH Program Exit Record dated within the last year, and Documentation of Chronic Homelessness at PSH Entry]*
- ☐ Category 4: In Joint TH-RRH Project & CH at TH entrance *[Attach : Joint TH-RRH Program Enrollment Record, and Documentation of Chronic Homelessness at Joint TH-RRH Entry]*
- ☒ Category 5: Is homeless, in safe haven, or in emergency shelter for at least 12 months in the last three years but has not done so on four separate occasions *[Attach: Homelessness History Form and supporting documentation]*
- ☐ Category 6: Receiving assistance through a VA funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system. *[Attach: VA Homelessness Verification Form]*

Verification of Disability (Pick One: Check the box to indicate the type of disability verification that is attached to this packet)

Third Party documentation is required at the time of application. Any of the sources below can be used to fulfill the Third Party documentation requirement. For Categories 2, 3, 4, or 6, this section may be satisfied by attaching the verification of disability that was used to qualify for the original project enrollment.

- ☒ Verification of Disability Status By a Licensed Professional *[Attach: Verification of Disability Form or a comparable written verification letter]*
- ☐ Written verification from the Social Security Administration *[Attach: Document from Social Security Administration with individual's name and verification of disability status, such as receipt of disability benefits]*

Verification of Current Homelessness (Pick One: Check the box for the type of current homelessness verification attached.)

- ☐ HMIS Record of active enrollment in a homeless program *[Attach: Homeless Status Timeline; or HMIS Client Summary; or Enrollment Record]*
- ☒ Homelessness Verification Form *[Attach: Homelessness Verification Form - completed by 3rd party]*



DedicatedPLUS Homelessness History Form

Clarity ID

822AA33BB

Name of Program Applicant

Jane Smith

Person Completing Form

Susie Doe

Agency Name

Helping Hands

Contact Phone

(213) 111-2233

Contact Email

sdoe@helpinghands.org

Instructions:

Section 1. Fill in the name of each month and year in which the client is known to have experienced homelessness, starting with the current month and listing the remaining months in reverse order. Once 12 months of homelessness have been documented for the client, no further months of documentation are required. It is ok to pre-fill all months in reverse chronological order.

Section 2. Review the HMIS Timeline and talk with the client to determine if they experienced homelessness in any month within the past 3 years. (Only 12 months need to be documented.) In the row for each known month, insert an "X" in the "Known Period of Homelessness" column and add an "X" in the appropriate (green) column to designate the place in which the person experienced homelessness.

Section 3. Begin collecting documentation for these periods. As documentation is compiled, indicate an "X" in the relevant documentation column. Documentation is only needed for 12 months. Documentation from HMIS or a third party is needed for at least 4 months. If third party documentation cannot be readily collected, the client can self-certify homelessness for up to 8 of the 12 months. If self-certification of homelessness is used, attempts to collect third party documentation must be recorded on a due diligence form.

1. Months within the last 3 Years		2. Place Client Experienced Homelessness						3. Documentation of Homelessness				4. Page #
Month	Year	Known Period of Homelessness (Insert "X" if month of homeless)	Place not meant for human habitation	Emergency Shelter	Safe Haven	Hotel/Motel Paid by an Agency	Institution for less than 90 days, and Homeless at Entry	HMIS Record (Timeline; Client Summary; or Enrollment printout) or other Enrollment printout	Homelessness Verification Form - completed by 3rd party	Institutional Paperwork (Record or Letter specifying Homeless at Entry with Stay < 90 days)	Homelessness Verification Form - self-certified by Client and Due Diligence Form	Assemble homelessness history documentation in order of months listed below. Number all pages and list the respective page # here.
March	2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
February	2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
January	2022	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,6
December	2021	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,7
Novemebr	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
October	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
September	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
August	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
July	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
June	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
May	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
April	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
		<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"/>	

1. Months within the last 3 Years		2. Place Client Experienced Homelessness						3. Documentation of Homelessness				4. Page #
Month	Year	Known Period of Homelessness (Insert "X" if month of homeless)	Place not meant for human habitation	Emergency Shelter	Safe Haven	Hotel/Motel Paid by an Agency	Institution for less than 90 days, and Homeless at Entry	HMIS Record (Timeline; Client Summary; or Enrollment printout) or other Enrollment printout	Homelessness Verification Form - completed by 3rd party	Institutional Paperwork (Record or Letter specifying Homeless at Entry with Stay < 90 days)	Homelessness Verification Form - self-certified by Client and Due Diligence Form	Assemble homelessness history documentation in order of months listed below. Number all pages and list the respective page # here.
# MONTHS KNOWN HOMELESS												

Homelessness Verification Form

Name of Program Applicant

Jane Smith

Person Completing Form

Susie Doe

Agency Name (if applicable)

Helping Hands

Contact Phone

(213) 111-2233

Contact Email

Sdoe@helpinghands.org

Name of Person Providing Oral Statement to Individual Completing this Form (if applicable):

Note: If different sources are needed to verify distinct months, each source should complete their own form.

Type of Verification:

- ☒ Agency Verification of Program Stay
 ☐ Professional Encounter
 ☐ Self-Certification
☐ Outreach Contact
 ☐ Professional Observation
☐ Community Member/Business Owner/Family Observation/Other: _____

Description of Encounter or Observation in Which Homelessness Was Verified:

- ☐ As a representative of an emergency shelter program, I can confirm that the household was a program participant in the period(s) listed below.
☐ As a representative of a safe haven program, I can confirm that the household was a program participant in the period(s) listed below.
☒ As a representative of a non-profit organization, I can confirm that my agency paid for at least 51% of the cost for a hotel/motel stay in the period(s) listed below.
☐ In my professional capacity, I met with the household in the period(s) listed below. In each of these encounters, the household reported that they were residing in the location listed, and in my professional judgement I found this to be truthful.
☐ I observed the person/household sleeping in the evening/early morning hours or observed signs of encampment that made me believe they were living in this location in the period(s) listed below.
☐ I experienced homelessness in the period(s) listed below, in the locations listed below.

Most Recent Date Person was Known to be in this location (MM/DD/YYYY)	Type of Location Where Household was Residing (Enter number from list below)
03/31/2022	8

If form is being used to verify prior homelessness, complete table below. 'Most Recent Date' is not needed, if only verifying prior homelessness.

Month (at least one day in the month)	Year	Location Number	Type of Location Where Household was Residing (Use numbers from the list to note the location in which the household was residing)
March	2022	8	1. Unsheltered location--Other than Encampment 2. Unsheltered location--Encampment 3. Housing/Building w/ No running water, electricity 4. Vehicle--Safe Parking Location 5. Vehicle--Other location 6. Emergency Shelter 7. Safe Haven 8. Hotel/Motel (paid for by organization) 9. RV/Camper w/ no running water, electricity 10. Jail 11. Hospital 12. Substance Use Treatment Facility/Rehab 13. Transitional Housing Program 14. House/Apartment--Renter 15. House/Apartment--Owner 16. Living with friend or family member * In some circumstances, some of these locations may not count toward periods of homelessness, but time should be documented so it can be part of a client's history of homelessness and housing.
February	2022	8	

I certify that, to the best of my knowledge and belief, all the information presented above is true, accurate, and complete.

Susie Doe

Signature

4/18/2022

Date

Susie Doe

Printed Name

sdoe@helpinghands.org

Contact Phone or Email

Homelessness Verification Form

Name of Program Applicant

Jane Smith

Person Completing Form

Susie Doe

Agency Name (if applicable)

Helping Hands

Contact Phone

(213) 111-2233

Contact Email

sdoe@helpinghands.org

Name of Person Providing Oral Statement to Individual Completing this Form (if applicable):

Note: If different sources are needed to verify distinct months, each source should complete their own form.

Type of Verification:

- ☐ Agency Verification of Program Stay ☐ Professional Encounter ☒ Self-Certification
☐ Outreach Contact ☐ Professional Observation
☐ Community Member/Business Owner/Family Observation/Other: _____

Description of Encounter or Observation in Which Homelessness Was Verified:

- ☐ As a representative of an emergency shelter program, I can confirm that the household was a program participant in the period(s) listed below.
☐ As a representative of a safe haven program, I can confirm that the household was a program participant in the period(s) listed below.
☐ As a representative of a non-profit organization, I can confirm that my agency paid for at least 51% of the cost for a hotel/motel stay in the period(s) listed below.
☐ In my professional capacity, I met with the household in the period(s) listed below. In each of these encounters, the household reported that they were residing in the location listed, and in my professional judgement I found this to be truthful.
☐ I observed the person/household sleeping in the evening/early morning hours or observed signs of encampment that made me believe they were living in this location in the period(s) listed below.
☒ I experienced homelessness in the period(s) listed below, in the locations listed below.

Most Recent Date Person was Known to be in this location (MM/DD/YYYY)	Type of Location Where Household was Residing (Enter number from list below)
01/20/2022	1

If form is being used to verify prior homelessness, complete table below. 'Most Recent Date' is not needed, if only verifying prior homelessness.

Month (at least one day in the month)	Year	Location Number	Type of Location Where Household was Residing (Use numbers from the list to note the location in which the household was residing)
January	2022	1	1. Unsheltered location--Other than Encampment 2. Unsheltered location--Encampment 3. Housing/Building w/ No running water, electricity 4. Vehicle--Safe Parking Location 5. Vehicle--Other location 6. Emergency Shelter 7. Safe Haven 8. Hotel/Motel (paid for by organization) 9. RV/Camper w/ no running water, electricity 10. Jail 11. Hospital 12. Substance Use Treatment Facility/Rehab 13. Transitional Housing Program 14. House/Apartment--Renter 15. House/Apartment--Owner 16. Living with friend or family member * In some circumstances, some of these locations may not count toward periods of homelessness, but time should be documented so it can be part of a client's history of homelessness and housing.
December	2021	1	

I certify that, to the best of my knowledge and belief, all the information presented above is true, accurate, and complete.

Susie Doe

Signature

Susie Doe

Printed Name

04/18/2022

Date

sdoe@helpinghands.org

Contact Phone or Email



Agency Due Diligence to Acquire 3rd Party Homelessness Verification

Clarity ID

822AA33BB

Name of Program Applicant

Jane Smith

Instructions: Every provider is required to do their due diligence in obtaining 3rd party verification of an applicant's homelessness history to satisfy HUD's legal requirement for verification of a person's eligibility. One form should be used for each third party source. At least two attempts to reach that source are required before relying on client self-certification.

This document is intended to document and certify the provider's due diligence efforts. The provider should complete this form while attempting to collect third party documentation. If they are successful, the form will not need to be turned in (since third party documentation will be provided in the packet). However, if the attempt is not successful and self-certification is submitted, this form should be appended.

Person Completing Form

Susie Doe

Agency Name (if applicable)

Helping Hands

Contact Phone

(213) 111-2233

Contact Email

sdoe@helpinghands.org

Name of Person Providing Oral Statement to Individual Completing this Form (if applicable):

Months being Verified

January 2022

By completing this form, the provider certifies they have taken the following steps to obtain third-party verification from the agency/person listed below, and have the supporting in the file to support these efforts.

Date of Effort	Description (Include Name of person contacted, Contact phone or email, and how the person was contacted)	Outcome of Contact (e.g., no response, declined to provide verification)*
04/15/2022	Contacted the outreach and engagement team member (John Doe) who was in charge of the area to verify that the client had indeed been staying at the location. Emails were sent and phone calls were made	No Response
04/08/2022	Contacted the law enforcement officer who patrols the area.	No Response
3/25/2022	Contacted the local store owner (John Smith) across the lot to verify that the client had indeed been staying at the location. Emails were sent and phone calls were made	No Response

* If the person discloses they do not know the program applicant, another contact should be identified for verification.

Susie Doe

Staff Name

Case Manager

Staff Title

Susie Doe

Staff Signature

Helping Hands

Agency Name

sdoe@helpinghands.org

Staff Email

(213) 111-2233

Staff Phone

04/18/2022

Date



Agency Due Diligence to Acquire 3rd Party Homelessness Verification

Clarity ID

822AA33BB

Name of Program Applicant

Jane Smith

Instructions: Every provider is required to do their due diligence in obtaining 3rd party verification of an applicant's homelessness history to satisfy HUD's legal requirement for verification of a person's eligibility. One form should be used for each third party source. At least two attempts to reach that source are required before relying on client self-certification.

This document is intended to document and certify the provider's due diligence efforts. The provider should complete this form while attempting to collect third party documentation. If they are successful, the form will not need to be turned in (since third party documentation will be provided in the packet). However, if the attempt is not successful and self-certification is submitted, this form should be appended.

Person Completing Form

Susie Doe

Agency Name (if applicable)

Helping Hands

Contact Phone

(213) 111-2233

Contact Email

sdoe@helpinghands.org

Name of Person Providing Oral Statement to Individual Completing this Form (if applicable):

Months being Verified

December 2021

By completing this form, the provider certifies they have taken the following steps to obtain third-party verification from the agency/person listed below, and have the supporting in the file to support these efforts.

Date of Effort	Description (Include Name of person contacted, Contact phone or email, and how the person was contacted)	Outcome of Contact (e.g., no response, declined to provide verification)*
04/15/2022	Contacted the outreach and engagement team member (John Doe) who was in charge of the area to verify that the client had indeed been staying at the location. Emails were sent and phone calls were made	No Response
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* If the person discloses they do not know the program applicant, another contact should be identified for verification.

Susie Doe

Staff Name

Case Manager

Staff Title

Susie Doe

Staff Signature

Helping Hands

Agency Name

sdoe@helpinghands.org

Staff Email

(213) 111-2233

Staff Phone

04/18/2022

Date

	2021							
	11	10	9	8	7	6	5	4
SUMMARY - Homeless Status (per HUD definition)	?	Y	Y	Y	Y	Y	Y	Y
[Downtown Womens Center]COVID - LA City America's Best Value Inn								
[Downtown Womens Center]Day Center								
[Downtown Womens Center]Day Center CityGF								
[Downtown Womens Center]Project 100 Rapid Re-Housing	MI							

Color Explanation	
Emergency Shelter/Safe Haven/Street Outreach	
Permanent Housing Enrollment with Move-in Date	
Permanent Housing Enrollment without Move-in Date	
Transitional Housing Enrollment	
Other HMIS Enrollment	
PH Move-in Date	MI
No required service or living situation status to confirm homelessness	NS
Service placed outside of enrollment	S

This report is a tool that can assist in documenting chronic homelessness, but does not constitute chronic homeless documentation in and of itself. All information on this report should be reviewed for accuracy and extenuating circumstances.

Staff. [REDACTED]

Susie Doe

SIGNATURE

4/18/2021

DATE

VERIFICATION OF DISABILITY FORM

Continuum of Care Program

Date: 07/21/2021

Dear Physician/ Qualified Health Personnel:

Jane Smith has claimed eligibility for a federally funded housing program which requires a household member to have a qualifying disability. The claim must be certified by a professional licensed by the state to diagnose and treat the disability.

For the purpose of this program, an individual or qualifying household member must meet the definition of 'homeless individual with a disability' which can be found in Section 401 (9) of the McKinney-Vento Act, as amended by the HEARTH Act which is an individual who is homeless and has a disability that is expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; and, could be improved by the providing of more suitable housing conditions. The disability could be any physical, mental, or emotional impairment, including impairment caused by alcohol and/or drug abuse, post-traumatic stress disorder, or brain injury; 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 the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency of acquired immunodeficiency syndrome.

Requested by: Susie Smith/ Helping Hands
(Name of Housing/ Service Provider)

SECTION TO BE COMPLETED BY APPLICANT:

Applicant's Release Authorization:

I, Jane Smith hereby authorize release of the information below: Jane Smith on 6/18/2021.
(Applicant Name) (Signature of Applicant) (Effective Date)

MEDICAL CERTIFICATION (SECTION TO BE COMPLETED BY LICENSED PROFESSIONAL)

As a professional licensed by the state to diagnose and treat this disability, it is my determination that the above applicant, Jane Smith, does have a disability as defined above as of 7/21/2021.
(Applicant Name) (Date)

Disability is: (Please check the box that applies).

☒ Physical Illness or Impairment

☒ Serious Mental Illness

☐ Substance Use Disorder

☐ AIDS or HIV Related Diseases

☐ Cognitive Impairments resulting from Brain Injury

☐ Post-Traumatic Stress Disorder

☐ Developmental Disability

☐ Other: _____

Additional information concerning this disability:

This disability: (Please check all the boxes that apply).

1) Is expected to be of long-continuing or of indefinite duration

☒ YES ☐ NO

2) Substantially impairs his/ her ability to live independently

☒ YES ☐ NO

3) Is of such nature that daily functioning and the disability could improve under more suitable housing conditions

☒ YES ☐ NO

Printed Name: Elizabeth LaCienega

License Number: ABC707

Professional Title: LCSW

Phone Number: 213-555-1111

Signature: Elizabeth LaCienega

Date: 7/21/2021

Name of Medical Group: Helping Hands

Agency Address: 123 Rainey Street, Los Angeles, CA

Attach Organization Stamp/Card: