

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: _____

Certification of Disability

Dear Physician / Qualified Health Personnel:

The applicant listed below has claimed eligibility for a federally funded housing program due to a disability. A professional licensed by the State of California to diagnose and treat the condition must certify the claim. For the purpose of this program, a disabled person is one who is 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. This disability must be expected to be of a long-continued and indefinite duration, substantially impede his/her ability to live independently, and is of such a nature that the disability could improve under more suitable housing conditions. This disability may also be developmental.

To certify disability, please provide the information requested below.

Thank you for your prompt reply.

Applicant Name: _____

Applicant/Tenant Release Authorization:

I hereby authorize release to the City of Pasadena Housing Department the specific information requested below.

Signature of Applicant: _____ Date: _____

Certification of Disability:

In my opinion, as a professional licensed by the State of California to diagnose and treat such conditions the applicant as the following disability(s) (check all that apply):

- 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
- Chronic physical illness or disability

Medical Certification by Professional:

Signature of Licensed Professional: _____ Print Name: _____

Professional Title: _____ Telephone: _____

License Number: _____ Name of Medical Group: _____

Address: _____ Date: _____

Third Party Verification of Homeless Status

This form may be used by the following housing and service providers as well as community members to document the housing status of a homeless applicant:

- Street outreach workers
- Transitional housing
- Police officers
- Business owners
- Emergency shelters
- Institutional care facilities
- Security guards
- Community members

Applicant Name: _____

Location Type:

This facility is classified as one of the following types of institutions:

- Emergency shelter
- Transitional housing (not eligible for PSH)
- Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)
- A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or overcrowded housing.
- Other location (describe): _____

Dates of Homelessness

To document homeless status during the past 3 years, please list the facility or location of observation with the corresponding date(s). For observations, be sure to include the specific dates the individual was observed as homeless (min. one per month) and a short description of the location and circumstances that led you to believe s/he was homeless.

Location of Stay (for observation include short description)	Begin Date	End Date	Number of Days
Total Days (one verified day documents homelessness for that calendar month)			

Prior Residence (Institutional Care Facilities Only):

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Verifying Agency/Person Certification

I certify that the timeline documented above is true and accurate.

Name: _____ Signature: _____

Title: _____ Date: _____

Agency: _____ Telephone: _____

Address: _____

Applicant Release Authorization (for Institutional Care Facilities and Service Providers Only):

I hereby authorize release to _____ the specific information requested above.
(name of organization)

Signature of Applicant: _____ Date: _____

Self-Declaration of Homeless Status

When a written Third Party Verification of Homeless Status is not available, an applicant may submit this signed statement verifying his or her situation for three (3) of their twelve (12) months of homelessness. In addition, all of the breaks in homelessness may be documented by a self-certification.

Self-Declaration of Literally Homeless Status (Category 1) (Check only one)

- I am currently living in a place not meant for human habitation; or
- I am currently living in a privately operated shelter providing temporary living arrangements (including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by government programs); or
- I am currently living in an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation before entering that institution

Housing History Summary (Current & Prior)

To certify duration of homelessness, please complete the table below, indicating time homeless as well as any breaks in homelessness (>7 days):

Location of Stay & Location Type (e.g. a car, shelter, etc.)	Begin Date	End Date	Number of Days
Total Days			

Self-Declaration of Imminent Risk of Homelessness Status (Category 2) (Check all)

I am at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
- No subsequent residence has been identified; and
- I lack the resources or support networks needed to obtain permanent housing

Self-Declaration of Fleeing/Attempting to Flee Domestic Violence (Category 4) (Check all)

- I am fleeing, or attempting to flee, domestic violence (where the safety of the individual or family is not jeopardized this statement must be verified for non-victim service providers); and
- I have no other residence; and
- I lack the resources or support networks to obtain permanent housing

Additional Details

What else would you like to share about your housing history, victim status or available resources? For example, "I cannot remember the name of the place where I was living during the fall of 2013 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness."

Applicant Certification

I certify that the above information is correct

Applicant Name

Applicant Signature

Date

Staff Certification

I understand that 3rd party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification.

Documentation of attempts made for third-party verification:

I certify that the above information is correct.

Staff Signature: _____

Date: _____