**Verification of CHRONIC HOMELESSNESS, Eligibility, and**

**Adherence to the Order of Priority: PSH Projects**

Project staff are required to document chronic homelessness (when chronically homeless are identified locally), eligibility, and adherence to the Ohio BoSCoC PSH Order of Priority for all persons seeking assistance. Determination and documentation of eligibility must be based on homeless status at intake, prior to providing any services. For households with adults and children, verification and documentation of homelessness only needs to be done for the head of household, as identified by the family.

This Verfication Form is to be used when documenting eligibility and homeless history for those prospective clients who are ***chronically homeless.***

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| Applicant Name |  |
| HMIS Client ID |  |

***Instructions****: Complete all 6 parts of the Verification Form and sign the Staff Certification.*

*All parts of this form are required to be completed.*

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| **Part I: Current Housing Status Documentation** | |
| *Instructions: Check the box corresponding to the applicable Housing Status to indicate the*  *type of documentation attached for current housing status.* | |
| **Housing Status** | **Documentation Attached** |
| **Literally Homeless (Category 1)**  *Individual or family who lacks a fixed, regular, and adequate nighttime residence* | |
| **Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation** (incl. a car, park, abandoned building, bus/train station, airport) | ***Third-party Documentation*** *(preferred)*  HMIS record if person is a street outreach client and their record confirms current unsheltered status (dates of stay/services should be concurrent with referral)  \*HMIS record from the Unsheltered Provider may be used, but only if the following criteria are met:   * There has been documented contact within the last 30 days * The reported location for the person is in fact unsheltered * There was in-person contact between the client and case manager who entered the Unsheltered Provider data, and verification/observation of the unsheltered location   OR  Written observation by street outreach worker or other staff on agency letterhead identifying the dates they observed the person residing in a place not meant for human habitation and what they observed about the situation  ***Intake Worker Observation***  \*\*first document due diligence to obtain third-party documentation  Written verification of unsheltered homelessness as observed by program staff or intake worker (dates of unsheltered homelessness should be concurrent with referral).  If unable to obtain written third-party documentation, may obtain verbal statement and document that in client file.  ***Self-Certification***  \*\*first document due diligence to obtain third-party documentation and intake-worker observation  *Self-Certification of Homelessness* form signed and dated by applicant stating where they are residing. Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained  **AND**  *Documentation of Due Diligence* form completed by Intake worker |
| **Living in a publicly or privately operated shelter designated to provide temporary living**  **arrangements**  (including congregate shelters, DV shelters, hotels/motels paid for by charitable orgs. or public programs) | ***Third-party Documentation*** *(preferred)*  HMIS record (dates of stay/services should be concurrent with referral)  OR  Written verification of shelter/TH/hotel stay on agency letterhead  identifying the dates of stay (dates of stay/services should be concurrent with referral)  ***Intake Worker Observation***  \*\*first document due diligence to obtain third-party documentation  Written verification of homelessness and stay in ES/TH/hotel, and dates of stay, as observed by intake worker (dates of stay should be concurrent with referral).  If unable to obtain written third-party documentation, may obtain verbal statement and document that in client file.  ***Self-Certification***  \*\*first document due diligence to obtain third-party documentation and intake-worker observation  *Self-Certification of Homelessness* form signed and dated by applicant stating where they are residing. Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained  **AND**  *Documentation of Due Diligence* form completed by Intake worker |
| **Is exiting an institution**  Must have resided in an institution for 90 days or less  **AND**  Must have come from the streets or ES immediately before entering the institution | ***Third-party Documentation*** *(preferred)*  Discharge paperwork with the entry/exit dates or duration of stay in the institution  OR  Written statement on agency letterhead from institution official with the entry/exit dates or duration of stay in the institution  ***Intake Worker Observation***  \*\*first document due diligence to obtain third-party documentation  Written verification of homelessness and stay in ES/TH/hotel, and dates of stay, as observed by intake worker (dates of stay should be concurrent with referral).  If unable to obtain written third-party documentation, may obtain verbal statement and document that in client file.  ***Self-Certification***  \*\*first document due diligence to obtain third-party documentation and intake-worker observation  *Self-Certification of Homelessness* form signed and dated by applicant stating where they are residing. Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained  **AND**  *Documentation of Due Diligence* form completed by Intake worker  **AND**  **Must also document**: Stay on the streets or in an emergency shelter prior to entering the institution (following the order of preference outlined above and using the acceptable forms of evidence described above). HMIS record should be be used whenever possible (dates of stay/services should be concurrent with entry into an institution) |

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| **Part 2: Chronic Homelessness Documentation – 12 months Continuous** | |
| *Instructions: For prospective chronically homeless PSH clients who have 12 months of continuous homelessness identify below the type of documentation that will be included in the client file*  *If you will be documenting 12 months of cumulative (eg, episodic) homelessness instead, check the ‘not applicable’ box here*  **N/A** | |
| **Chronic Homeless Documentation Type** | **Documentation Attached (Select All that Apply and Attach)** |
| **Select One**  **Homeless meaning residing in** an unsheltered location or in an emergency shelter only, including DV shelters or hotels/motels paid for by chairtiable orgs or public programs  **12 months continuous homelessness** | ***Third-party Documentation*** *(preferred)*  HMIS Records  *Sheltered Location:* HMIS record of ES stay (dates of stay/services should be concurrent with referral)  *Unsheltered Location:* HMIS record if person is a street outreach client and their record confirms current unsheltered status (dates of stay/services should be concurrent with referral)  \*HMIS record from the Unsheltered Provider may be used, but only if the following criteria are met:   * There has been documented contact within the last 30 days * The reported location for the person is in fact unsheltered * There was in-person contact between the client and case manager who entered the Unsheltered Provider data, and verification/observation of the unsheltered location   OR  Written Verification  *Sheltered Location:* Written verification of shelter hotel stay on agency letterhead identifying the dates of stay (dates of stay/services should be concurrent with referral)  *Unsheltered Location:* Written observation by street outreach worker or other staff on agency letterhead identifying the dates they observed the person residing in a place not meant for human habitation and what they observed about the situation  ***Intake Worker Observation***  \*\*first document due diligence to obtain third-party documentation  *Sheltered Location:* Written verification of unsheltered homelessness as observed by program staff or intake worker (dates of unsheltered homelessness should be concurrent with referral). If unable to obtain written third-party documentation, may obtain verbal statement and document that in client file.  *Unsheltered Location:* Written verification of homelessness and stay in ES/TH/hotel, and dates of stay, as observed by intake worker (dates of stay should be concurrent with referral).  If unable to obtain written third-party documentation, may obtain verbal statement and document that in client file.  ***Self-Certification***  If at least 9 months of homelessness cannot be verified by third-party documentation, up to the full 12 months can be documented by self-certification if:  *Self-Certification of Homelessness* form signed and dated by applicant stating where they have residing.  **AND**  *Documentation of Due Diligence* form completed by Intake worker   * 100% self-certification of homeless history for chronically homeless PSH clients must be limited to rare and extreme cases and **comprise no more then 25% of PSH households served in the project’s operating year** |

| **Part 3: Chronic Homelessness Documentation – 12 months Cumulative** | | | | | | | | | | | | |
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| *Instructions: For prospective chronically homeless PSH clients for whom you will be documeting 12 months of cumulative, episodic homelessness, identify below the type of documentation that will be included in the client file for each homeless episode.*  *If you will be documenting 12 months of continous homelessness instead (see part 2), check the ‘not applicable’ box here*  **N/A** | | | | | | | | | | | | |
|  | **Month**  **# 1** | **Month**  **# 2** | **Month**  **# 3** | **Month**  **# 4** | **Month**  **# 5** | **Month**  **# 6** | **Month**  **# 7** | **Month**  **# 8** | **Month**  **# 9** | **Month**  **# 10** | **Month**  **# 11** | **Month**  **# 12** |
| Mo./Yr. |  |  |  |  |  |  |  |  |  |  |  |  |
| Location  *Check all that Apply* | Streets  Shelter  Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) |
| Doc. Type  *Check One*  *(Except Self-Cert.*  *select both)* | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence | ☐ HMIS ☐ Obsv. By Outreach/ Other Staff ☐ Written Provider Verification ☐ Comp. Database ☐ Staff Doc. of Situation ☐ Discharge Paperwork ☐ Self-Cert ☐ Doc. of steps to obtain evidence |
| Doc. Att. | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Break Mo./Yr. & Descr.  or N/A | Break 1:  Break 2:  Break 3:  If there are additional breaks please detail and attach. | | | | | | | | | | | |
| Notes |  | | | | | | | | | | | |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? \*  Yes  No  *\* Please be advised that if you answered* ***YES****, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified.* ***Please check with you project administrator to ensure your project has not exceeded its self-certification cap.*** | | | | | | | | | | | |
| *Key* | *Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description* | | | | | | | | | | | |

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| **Part 4: Adherence to PSH Order of Priority** | |
| This form must be used to document adherence to the PSH Order of Priority. This form should be completed once the PSH Workgroup has determined who will be served in the next available PSH units, not at the point of referral.  *Instructions: Identify below the category within the Order of Priority that the prospective PSH client fits into. For clients falling into any category other than the Chronically Homeless First Priority, provide detailed notes about how the PSH Prioritization Workgroup determined to prioritize this prospective client.*  *For non-chronically homeless prospective clients, provide detailed notes about local efforts to identify a chronically homeless person/household first, the barriers to identifying a chronically homeless household, and how the PSH Prioritization Workgroup determined to prioritize this client.* | |
| **PSH Order of Priority – Chronically Homeless** | ***Chronically Homeless Order of Priority***  First Priority - Chronically homeless individuals and families with the longest history of homelessness AND the most severe needs  Second Priority - Chronically homeless individuals and families with the longest history of homelessness  Third Priority - Chronically homeless individuals and families with the most severe service needs  Fourth Priority - All other chronically homeless individuals and families |
| ***Notes about the rationale for prioritizing this prospective client:*** |
| **PSH Order of Priority –**  **Non - Chronically Homeless** | ***Non-Chronically Homeless Order of Priority***  Fifth Priority - Homeless individuals and families with the most severe service needs  Sixth Priority - Homeless individuals and families with a long period of continuous or episodic homelessness  Seventh Priority - Homeless individuals and families coming from places not meant for human habitation  Eighth Priority - Homeless individuals and families coming from TH |
| ***Notes about the rationale for prioritizing this prospective client:***  ***Notes about local efforts to identify a chronically homeless person first:*** |

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| **Part 5: Disability Status** | |
| *Identify below the type of documentation used to verify disability status for the*  *prospective PSH client and attach documentation* | |
| **Disability**  An individual who has a disability that  Is expected to be long-continuing or of indefinite duration;  Substantially impedes the individual's ability to live independently;  Could be improved by the provision of more suitable housing conditions; and  Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;  Is a developmental disability, or  Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. | ***Third-party Documentation*** *(required)*  Written verification from a professional licensed by the State of Ohio to diagnose and treat the disability, and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individuals ability to live independently  OR  Written verification from Social Security Administration (SSA)  OR  The receipt of a disability check  OR  Intake staff self-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days of project intake    Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date Evidence Recieved\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part 6: Staff Certification** |
| *By signing below I certify that the information presented in this packet –*  *Parts 1 through 5 - is true to the best of my knowledge.* |
| Staff Name (Printed): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Self-Certification of Homelessness** | | | | |
| *Prospective clients must complete and sign this form if their current housing status or*  *any past homelessness is being documented by self-certification. Use multiple forms if necessary.* | | | | |
| **Applicant Name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS Client ID: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Instructions: Please list in chronological order the Applicant’s most recent episodes of homelessness within the past three years. For each episode, attach documentation of the homeless episode (see details on pp 4 of the guidance about the amount of homeless history that can be documented via self-certication for chronic homelessness). Record all episodes identified in Part 3 of the Verification Form as well.* | | | | |
| ***Entry Date***  (DD/MM/YY) | ***Exit Date***  (DD/MM/YY) | ***# of Months*** | ***Type of Location***  (verify project is homeless dedicated) | ***Location and Description*** |
|  |  |  | Emergency Shelter  Transitional Housing  Unsheltered location  Institution (< 90 days) |  |
|  |  |  | Emergency Shelter  Transitional Housing  Unsheltered location  Institution (< 90 days) |  |
|  |  |  | Emergency Shelter  Transitional Housing  Unsheltered location  Institution (< 90 days) |  |
|  |  |  | Emergency Shelter  Transitional Housing  Unsheltered location  Institution (< 90 days) |  |
| **Applicant statement of location(s) and period(s) of homelessness:** | | | | |
| **By signing below I certify that the information presented in this statement is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services.**  Applicant Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |