**Region 16 Housing Status Documentation Form**

**Participant Name:**  \_ \_\_\_\_

**HMIS ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Member Name:**

[ ]  Household without dependent children (complete one form for ***each adult*** in the household)

[ ]  Household with dependent children (complete one form for household)

 Number of persons in the household: \_\_\_\_\_\_\_\_\_

**This is to certify that the above-named individual or household is currently homeless, or at risk of homelessness. This is based on the check mark, other indicated information, and signature indicating their current living situation. Check that that appropriate type of documentation used to verify homelessness is attached to this worksheet.**

***Complete with information on the primary cause of homelessness or risk of homelessness.
Check and complete only one living situation option.***

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| --- | --- | --- | --- |
|  | **Living Situation** | **Type of Eligible Documentation** | **Documentation Attached** |
| [ ]  | Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation. | * Signed and dated written certification by person seeking services
* Signed and dated written certification by an outreach worker
 | [ ] Yes [ ] No [ ]  NA |
| [ ]  | Persons living in a shelter designed to provide temporary living arrangements- congregate shelters- transitional housing- hotels/motels paid for by a charitable organization or government program. | * Emergency Shelter/Emergency Transitional Housing record
* Written referral from previous shelter/transitional housing staff
* Written referral from charitable organization or government program
 | [ ] Yes [ ] No [ ]  NA |
| [ ]  | Persons exiting an institution where they resided for 90 days or less and was residing in a place not meant for human habitation immediately before entering institution. | * Emergency Shelter/Emergency Transitional Housing record
* Written referral from previous emergency shelter stay
* Written referral from institution
 | [ ] Yes [ ] No [ ]  NA |
| [ ]  | Persons fleeing domestic violence. | * Written, signed and dated verification from the participant
* Written, signed and dated verification from the domestic violence service provider
 | [ ] Yes [ ] No [ ]  NA |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances, ***and***- No appropriate subsequent housing options have been identified, ***and***- Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. | * Court order/eviction notice or other official notice to vacate from landlord
* Eviction letter from tenant/homeowner (if living with another, i.e. doubled up)
* Letter from hotel/motel manager and cancelled checks to verify costs covered by the participant
* Documentation of efforts to divert from homelessness (contact with HPP or ESG provider)
* Letter from halfway house, jail, or state penitentiary
 | [ ] Yes [ ] No [ ]  NA **NOT Eligible for**  **RRH or PSH**  **assistance** |
| **Staff documentation of attempts to obtain third-party verification (required):** *Third-party verification is the HUD-preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.(standard practice)* |
|  |
| **Self-Declaration of Homelessness**: *Self-declaration is* ***only*** *permitted when third-party verification cannot be obtained. Due diligence by staff to obtain third-party verification must be done, as described above & documented in case notes. Permitted in* ***rare*** *cases & third party homeless verification must still be obtained within 30 days.* |
|  |

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_