



## Chronic Homeless Verification Form

Client Name: \_\_\_\_\_

HUD defines a Chronically Homeless person as:

1) An unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) who meets the criteria listed in Parts I, II and III of this form.

Or 2) Is a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets the criteria in Parts I, II and III of this form, including any family whose composition has fluctuated while the head of household has been homeless.

### Part I. Disabling Condition *(Check appropriate box(es)):*

- A diagnosable substance abuse disorder
- A serious mental illness
- A developmental disability
- Post-Traumatic Stress Disorder
- Cognitive impairments resulting from a brain injury
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Acceptable forms for documenting a person's disability status are as follows and must be completed by a knowledgeable professional: *(One of the following must be obtained)*

- Med-9
- SSDI/SSI/TPQY Statement (within 45 Days of paperwork submitted)
- Signed Disability Verification Form
- Signed Letter (on Letterhead) from social service agency confirming disability
- Hospital Record stating disability or mental health diagnosis

### Part II. Literally Homeless Status *(Check ONE):*

- \_\_\_\_\_ is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).  
VERIFICATION: Statement of situation and signature of current service provider.
- \_\_\_\_\_ is staying at an emergency shelter for homeless persons or safe haven.  
VERIFICATION: Statement of situation and signature of shelter staff.

**Literally Homeless Status Continued** (Check *ONE*):

- \_\_\_ is in rapid re-housing or supportive housing for homeless persons -who was originally chronically homeless and came from the streets or emergency shelters; and/or in any of the above places but is spending a short time (up to 90 consecutive days) in a hospital or other institution.  
VERIFICATION: Statement of situation and signature of rapid re-housing/ supportive housing staff.
- \_\_\_ is exiting an institution where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution.
- \_\_\_ is an individual fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence, who have no identified subsequent residence; AND lack the resources and support networks needed to obtain other permanent housing.

**Part III. Continuously Homeless Status** (Check *ONE*):

- The individual has been continuously homeless for a year or more.**
- The individual has had four (4) episodes of homelessness in the last three (3) years that total at least 12 months (3 months self-report; 9 months 3<sup>rd</sup> Party Verification)**

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following: (*Check ALL that apply.*) This third party or narrative verification should include dates and locations of episodes of homelessness. Verification Levels should be attempted in order beginning with level 1. Narrative should include date(s) attempted for third party verification and date(s) completed as appropriate.

**First Level of Verification**

- Signed Third Party letter(s) on agency letterhead from a shelter worker, homeless service provider, outreach worker or other healthcare or human service provider attesting to homelessness. Printouts from HMIS database documenting episode(s) of homelessness can be used with written narrative explaining situation/instance.

**Second Level of Verification**

- Signed written documentation on agency letterhead by Intake Worker of phone/in person/email conversations with a shelter worker, homeless service provider, outreach worker, other healthcare or human service provider attesting to homelessness. Printouts from HMIS database documenting episode(s) of homelessness can be used with written narrative explaining situation/instance.

**Third Level of Verification**

- Signed written documentation on agency letterhead by Intake Worker of their observations of the client's housing history attesting to homelessness. Housing history should include length of stay at each place during the past 4 years if possible. Print outs from HMIS database documenting episode(s) of homelessness can be used with written narrative explaining such.

**Fourth Level of Verification**

- Signed & notarized written documentation by client of their homeless status along with a housing history showing episode(s) of homelessness during the past 4 years.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

**Instructions:** This Homelessness History Summary provides a suggested timeline to be used by individuals who receive funds for programs targeted to chronically homeless persons. It may be used to analyze whether or not the chronology of a homeless person's history meets the time frame for the definition of chronic homelessness.

Client Name:

Time Period	Location	Documented? Y/N

*Please use this section to briefly explain your current living arrangements. Where are you currently staying? How long have you been staying there? Where were you before living there? How long were you there?*

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