

HOMELESS CERTIFICATION BY HUD DEFINITION FOR HOMELESS

This document is to certify the individual or household named below is currently homeless based on the category checked and required documentation.

ESG Client/Household Name: _____ Date: _____

CHRONICALLY HOMELESS CERTIFICATION

CHRONICALLY HOMELESS: Eligible for Rapid Re-housing assistance.

Individual or family:

Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; **and**

(ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

NOTE:

- Transitional Housing does not qualify an individual/family for chronic status.
- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration **do** maintain their Chronic Status.
- ESG Rapid Re-housing is not considered transitional housing.
- Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began.
- Stays in "housed" environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.

- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client must have at least four (4) separate occasions to qualify under this option.

The following documentation must be provided to certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter:

Option 1:

- An HMIS record or record from a comparable database. If not documented in HMIS for 12 months proceed to Option 2.

Option 2:

- A written observation by an outreach worker of the conditions where the individual was living **or**
- A written referral by another housing or service provider where the individual was living.

Note: One encounter per month, documented breaks in HMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

Option 3: For use *only* in remote areas if no third-party certification is available; self-certification cannot be used for more than 25% of households per operating year/agency.

- Self-certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps that were taken to obtain evidence in Steps 1 and 2.

To certify head of household disability, the following documentation must be provided:

- Verification of disability

GENERAL HOMELESS CERTIFICATION

CATEGORY 1: Literally Homeless

Category 1 is eligible for Rapid Re-housing assistance

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

Documentation of one of the following is required to certify homeless status:

- Written observation by the outreach worker; **or**
 - Written referral by another housing or service provider; **or**
 - Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.
- (iii) **Or** is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Documentation must include one of the above forms of evidence AND one of the following:

- Discharge paperwork **or** written/oral referral; **or**
- Written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution.

Categories 2 through 4 receive assistance under Homeless Prevention

CATEGORY 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Documentation must include one of the following:

- A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
- For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay (Form No. 5); **or**
- A documented and verified oral statement.

In addition to one of the above, documentation must include BOTH of the following:

- Certification that no subsequent residence has been identified; **AND**
 - Self-certification or other written documentation that the individual or family lacks the financial resources and support necessary to obtain permanent housing.
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CATEGORY 3: Homeless under Other Federal Statutes

- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under the other listed federal statutes;
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; **and**
 - (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Documentation must include all of the following:

- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; **and**
- Certification of no public housing in the last 60 days; **and**

- Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved 2 or more times in the past 60 days; **and**
 - Documentation of special needs **or** 2 or more barriers.
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CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence

- Any individual or family who:
 - (i) Is fleeing, or is attempting to flee, domestic violence;
 - (ii) Has no other residence; **and**
 - (iii) Lacks the resources or support networks to obtain other permanent housing

Documentation required for victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification **or** a certification by the intake worker.

Documentation required for non-victim service providers (all of the following):

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification **or** by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and**
- Certification by the individual or head of household that no subsequent residence has been identified; **and**
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Intake Staff Signature: _____ Date: _____