

## **TX BoS CoC RRH Homeless Eligibility Documentation Tool**

### **Complete Eligibility Packets should include:**

- The appropriate completed forms with all signatures
  - Chronic Homelessness Verification (If applicable)
  - Third-Party Homelessness Verification
  - Self-Certification of Homelessness, if third-party verification cannot be obtained
  - Documentation of Due Diligence, whenever Self-Certification of Homelessness is being utilized
- All supporting documentation establishing homelessness (EX: HMIS records) and disabling condition (EX: SSI/SSDI check)
- Copies of the current state issues ID or driver's license and/or Social Security Card, if possible. Lack of Identification must not be used as a basis for denial from PSH projects funded by the CoC Program.
- If a RRH Project is serving a household that scores in the PSH range on the VI-SPDAT, and reports to be chronically homeless, their status should be documented accordingly. See RRH Chronically Homeless Supplement for additional resources on documenting Chronic Homelessness.

### **Instructions for use of This Tool**

#### **Homeless Verification/Chronic Homeless Verification (Required)**

All applicants enrolled into CoC funded RRH Projects should be literally homeless or fleeing, or attempting to flee Domestic Violence.

- Each Applicant File should contain the Homeless Verification/Chronic Homeless Verification.
- Users will need to attach additional supporting documentation as applicable (HMIS Records, Intake Worker Observation etc.)
- Each part should have one checkbox selected. In Part 3, multiple disabilities may be selected.
- Users will need to attach additional supporting documentation such as HMIS Records, Third Party Homeless Verifications, or Intake Worker Observations.

Chronic homelessness can be challenging to document. This tool is helpful for documenting long periods of homelessness and identifying the required number of episodes to be considered chronically homeless: [Checklist for Documenting Chronic Homelessness](#)

#### **Third-Party Homelessness Verification**

The following is HUD's order of preference for homelessness verification: (1) Third-Party Verification, (2) Intake Worker Observation (When intake workers *are not* considered third-parties [CoC FAQ 2758](#)), and (3) Client Self-Certification. For PSH only 25% of households enrolled in the project year can have more than 3 months of self-certification. HUD expects every effort is made to obtain third-party verification of homelessness. Examples of third-party verification include:

- An individual record of a stay in an emergency shelter, a safe haven, or from a street outreach contact from an HMIS, or comparable database used by victim service or legal service providers [CoC FAQ 2757](#);
  - A written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living;
  - A written observation by a community member that has observed where the individual or head of household was living or is currently living [CoC FAQ 2759](#); and
  - A written referral by another housing or service provider [CoC FAQ 2760](#).
- It is the sole obligation of the intake worker, to determine if a third-party is reliable. CoC [FAQ 2756](#) & CoC FAQ 2759
  - Intake Worker Observation must be on Agency Letterhead and clearly articulate to the best of their knowledge and based on their professional judgment, that the individual or head of household was residing in a place not meant for human habitation, in an emergency shelter, at the time of intake.
  - Users should document at minimum one night for each month verified, e.g., an encounter on May 5, 2015, counts for May 1—May

31, 2015, unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month, e.g., evidence in HMIS of a stay in transitional housing.

- Users may need multiple Third-Party Verification of Homelessness Forms to establish Chronic Homelessness [CoC FAQ 2755](#).
- See [CoC FAQ 2762](#) for guidance on the third-party recordkeeping requirements for participants exiting institutions.

### **Documentation of Due-Diligence (Required if self-certification of homelessness is utilized)**

On this form, Intake Workers will describe efforts to obtain third-party verification, including the outcome of the efforts and obstacles. For example:

On the above date and times, I reached out to X Emergency Shelter in Houston, TX, to obtain HMIS records for Mr. Smith, HMIS ID 123456. I contacted the HMIS Agency Admin and have not received any return contact. Per Agency Policy, TBRRH is moving forward with a self-certification of Homelessness. Should X return contact, this form will be updated.

- Users should document **all** efforts to collect third-party verification, the Applicant's current living situation, and why the attempts to collect third-party documentation were unsuccessful.
- Self-Certification of Homelessness Forms must always be accompanied by the Documentation of Due Diligence (p46).

### **Self-Certification of Homelessness**

As a last resort to establish eligibility after all efforts to collect third-party verifications have been exhausted, HUD allows households to provide written statements that are signed and dated in lieu of third-party verification. Beginning January 15, 2016, only 25% of participants enrolled in the Project year can have more than 3 months of self-certification, i.e., all participants can self-certify 3 months or less. Participants enrolled in the Project less than six months do not count towards the 25%. If an Applicant is self-certifying for the entire, required 12 months, the self-certification must be accompanied by a written statement from the intake worker detailing the severity of the applicant's situation. A statement on agency letterhead will satisfy this requirement.

- Self-certifications should be completed by the applicant. If that presents an undue burden, intake staff may assist with completion, using the applicant's own words.
- All Self-Certification of Homelessness Forms must be signed by the applicant and intake staff as a witness.

### **Disability Verification for Permanent Supportive Housing Programs (p7)**

CoC funded PSH Projects are required to verify disability. The Disability Verification for Permanent Supportive Housing Programs should be completed when verifying an applicant's Chronic Homeless status. This form is based on the status of the Head of Household.

- If the applicant is not being certified as Chronically Homeless, the Disability Verification for Permanent Supportive Housing Programs may be omitted from the completed packet.
- Disability Verifications must be completed by a clinician (MD/Psychiatrist/LCSW/etc) licensed to diagnose and treat (In the State of Texas) the condition they are verifying.
- If an applicant is receiving SSI/SSDI, a benefit statement or a copy of a disability check will satisfy the recordkeeping requirements for Disability Verification. THN recommends that Benefit Letters used to verify disability are not more than 12 months old.
- In order for the Disability Verification for Permanent Supportive Housing Programs to meet the minimum criteria, each subpart, (a)(b)(c) must be answered affirmatively.

- Contact Jim Ward, Technical Assistance and Performance Coordinator , at [jim@thn.org](mailto:jim@thn.org) with any questions

## Homelessness Verification/Chronic Homelessness Verification

### Part I. Homelessness Eligibility: *(Check one and attach supporting documentation)*

**\*\*Part I** must be supported with documentation: Third-Party Homelessness Verification, Intake Worker observation, or Self-certification (as documentation of last resort).

HUD Category 1- Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

HUD Category 4- Fleeing or 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.

### Part II. Chronic Homelessness Status: *(Check one and attach supporting documentation)*

**\*\*Part II** must be supported with documentation: Third-Party Homelessness Verification, Intake Worker observation, or Self-certification (as documentation of last resort).

- Has been continuously homeless for the past TWELVE (12) CONSECUTIVE MONTHS (a year or more)  
OR
- Has had FOUR (4) occasions of homelessness in the last THREE (3) years, which total at least 12 months  
OR
- This Applicant is NOT Chronically Homeless

### Part III. Disability: *(Check all that apply and attach supporting documentation)*

**\*\*Part III** is supported by verification from a medical professional attesting to the presence of the condition and how the Individual would benefit from housing, UNLESS client has written verification from SSI/ SSDI/VA Disability

- A diagnosable substance use disorder
- A developmental disability
- A serious mental illness
- A chronic physical illness, including the co-occurrence of two or more of these conditions
- Applicant reports no Disability

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name/ Organization

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Third-Party Homelessness Verification

Client Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

This form must be used with all third-party methods of verifying homelessness.

Examples of third-party verifiers include business owner, past case manager, fellow homeless individual, service provider, or anyone who has personally witnessed the client’s homelessness. It is the sole obligation of the intake worker and accepting project to determine if a third-party source is reliable. See HUD FAQ 2756 & 2759 for more details.

This client has applied to receive the services of a HUD Continuum of Care (CoC) Program serving Chronic Homeless persons. To qualify, the homeless person must be determined to be Chronically Homeless as defined by the U.S. Department of Housing and Urban Development. This information will be used for the purpose of determining the homeless status of the above-named homeless person.

**THIRD PARTY TO COMPLETE BOX BELOW:**

Your Name: _____ Date: _____	<input type="checkbox"/> Intake Worker has completed this form on behalf of a reliable third-party.
Relation to the Applicant: _____	
Contact Information: _____	<input type="checkbox"/> Intake Worker has completed this form based on HMIS records, (must attach printouts)
WHERE you witnessed the client to be homeless [specific location]:	
_____	
_____	
_____	
WHEN you witnessed the client to be homeless [MM/YYYY] to [MM/YYYY]:	
<i>(If multiple occasions, please separate clearly)</i>	
_____	
_____	
_____	
_____	
_____	_____
<i>Third Party Signature</i>	<i>Date</i>
<i>OR</i>	
_____	_____
<i>Staff Signature</i>	<i>Date</i>

# Self- Certification of Homelessness

Client Name: \_\_\_\_\_ Date Completed \_\_\_\_\_

Please have client initial which category they fall under:

- I am living in a place not meant for human habitation OR in an emergency shelter \_\_\_\_\_ *initial*
- Written statement that I am fleeing OR attempting to flee domestic violence AND no subsequent residence has been identified AND I lack the financial resources to support and obtain permanent housing. \_\_\_\_\_ *initial*
- I exited a public institution in which I resided for fewer than 90 days, and was homeless prior to entering the institution. \_\_\_\_\_ *initial*

**OPTIONAL** (Used if Applicant Chronically Homeless)

- I have been continuously homeless for the past TWELVE (12) CONSECUTIVE MONTHS \_\_\_\_\_ *initial*  
OR
- I have had FOUR (4) occasions of homelessness in the last THREE (3) years, which total at least 12 months \_\_\_\_\_ *initial*

**Client Statement of location and period of homelessness:**

I self-certify that I...

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By signing below I certify that the information presented in this certificate is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services.

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

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

WARNING: Misrepresentation of facts in order to wrongfully obtain program funds is a serious offense that can result in criminal charges. This includes fraudulent requests for funds, representing yourself to be someone you are not, cashing fraudulently obtained checks, etc. Perpetrators of fraud will be prohibited from accessing funds in the future and may be forced to repay the funds as well as face legal action.

# Documentation of Due Diligence

Client Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

INSTRUCTIONS: This form must be utilized whenever self-certification is utilized for verification. Document the Applicant's current living situation and all efforts to collect third-party verification below. Depending on the number of episodes of homelessness, you may need additional pages, attach accordingly.

Name of Third-Party:

\_\_\_\_\_

Title of Third-Party:

\_\_\_\_\_

Organization of Third-Party Contacted: \_\_\_\_\_

Date of Initial Contact: \_\_\_\_\_ # of Attempts: \_\_\_\_\_ Date(s) of Attempts: \_\_\_\_\_

Method of Contact(s):  In Person  e-mail  Telephone  Other \_\_\_\_\_

Applicant's current living situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe attempts to obtain third-party verification and why they were unsuccessful below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Staff Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

## Disability Verification for Permanent Supportive Housing Programs

**NOTE: This verification is ONLY intended to document a disability for HUD funded housing programs in the Texas Balance of State as required by HUD. It will not be distributed or used for any other purpose.**

Client Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- (1) A person shall be considered to have a disability if such person has a physical, mental, or emotional **impairment, which is expected to be of long-continued or indefinite duration; substantially impedes his or her ability to live independently;** and is of such a nature that such ability, could be improved by more suitable housing conditions.
  
- (2) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that –
  - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - Is manifested before the person attains age 22;
  - Is likely to continue indefinitely;
  - Results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, and Economic self-sufficiency; and
  - Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

**Physical/ Behavioral/ Developmental Impairments**

- (3) Does the client have any of the above mentioned physical/ behavioral/ developmental impairments?  

YES
NO

Please identify the impairment: \_\_\_\_\_

- (a) Is it expected to be of long– continued or indefinite duration?  

YES
NO
  
- (b) Does it impede the individuals’ ability to work or perform activities of daily living?  

YES
NO
  
- (c) Could the patient’s independence be improved by more suitable housing conditions?  

YES
NO

Additional space to explain any of the above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed this definition and determined that: \_\_\_\_\_ meets the above criteria.  
Likewise, I am licensed in the State of Texas to diagnose and treat the above mentioned conditions.

Name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_