**Verification of Homelessness, Chronic Homelessness, and Eligibility Packet**

**Ohio BoSCoC Permanent Supportive Housing Projects**

Permanent Supportive Housing (PSH) projects in the Ohio Balance of State Continuum of Care (BoSCoC) must verify and document chronic homelessness, homelessness (for non-chronic clients) and disability status as part of the process to determine eligibility for persons seeking assistance from PSH projects. Furthermore, all PSH projects must prioritize chronically homeless individuals/families for available units and must follow the order of priority outlined in the Ohio BoSCoC Homeless Program Standards.

This packet includes the following:

* *Guidance* about determining project eligibility and prioritization
* *Guidance* about verifying and documenting homelessness and chronic homelessness
* *Forms* for documenting homelessness and project eligibility
  + *Verification of Eligibility, Homelessness, Chronic Homelessness, and Adherence to the Order of Priority: PSH Projects*
  + *Self-Certification of Homelessness*
  + *Documentation of Due Diligence*

# **Guidance: Determining Project Eligibility**

## Definition of Homelessness for Permanent Supportive Housing

The *Homeless* definition is comprised of four categories. The following categories of the definition are eligible for PSH:

1. Literally homeless individuals/families
   1. Individuals/families who lack a fixed, regular, and adequate nighttime residence, meaning:
      1. Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such a place not meant for habitation
      2. Living in emergency shelter or transitional housing (**including** domestic violence shelters or transitional housing projects) designated to provide temporary living arrangements (**including** hotel/motel stays paid for by charitable or government programs)
      3. Exiting an institution where the individual resided **for less** than 90 days and where the individual entered the institution immediately from emergency shelter (including hotel/motel stays paid for by charitable or government programs) or an unsheltered location

## Definition of Chronic Homelessness

Chronically homeless means:

1. A “homeless individual with a disability,” as defined in the Act, who:
   1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   2. Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
      * 1. Occasions separated by a break of at least seven nights
        2. Stays in institution of fewer than 90 days do not constitute a break
   3. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraphs 1a and 1b of this definition, before entering that facility; or
   4. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs 1a and 1b or paragraph 1c of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

## PSH Eligibility

To be eligible for PSH projects, persons/households (for families, at least one adult or child household member must be diagnosed with a disability) must have a diagnosed disability and a current homeless status that falls into Category 1 of the homeless definition:

* Category 1 – Literally homeless
  + see above for details
* Disabled - 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.

## Ohio BoSCoC Coordinated Entry Systems and Prioritization for PSH

Ohio BoSCoC PSH projects must only serve clients who have gone through the local Coordinated Entry (CE) process, been assessed with the VI-SPDAT, and been prioritized for assistance based on the severity of need and homeless history, as determined by the local PSH Prioritization Workgroup. PSH Prioritization Workgroups and PSH providers must abide by the PSH Order of Priority outlined in the Ohio BoSCoC Homeless Program Standards when making prioritization decisions.

The Order of Priority for PSH projects is as follows:

1. Chronically homeless individuals and families with the longest history of homelessness AND the most severe needs
2. Have been homeless for at least 12 months (continuously or cumulatively)
3. Have been identified as having the most severe service needs as evidenced by the VI-SPDAT score and other information about service needs such as history of high utilization of crisis services (emergency rooms, jails, psychiatric facilities, or significant health/behavioral health challenges or functional impairments)
   1. And meet all other elements of chronically homeless definition
4. Chronically homeless individuals and families with the longest history of homelessness
5. Have been homeless for at least 12 months (continuously or cumulatively)
   1. And meet all other elements of the chronically homeless definition
6. Chronically homeless individuals and families with the most severe service needs
7. Have been identified as having the most severe service needs as evidenced by the VI-SPDAT score and other information about service needs such as history of high utilization of crisis services
   1. And have been homeless for at least 12 months (continouously or cumulatively)
   2. And meet all other elements of the chronically homeless definition
8. All other chronically homeless individuals and families
   * 1. Have been homeless for at least 12 months either continuously or cumulatively

i. And meet all other elements of the chronically homeless definition

If no chronically homeless persons are identified within a PSH project’s self-defined service area, then those projects should follow the Non-Chronically Homeless Order of Priority after documenting all efforts to identify a chronically homeless person/household first. That Order of Priority is as follows:

1. Homeless individuals and families with the most severe service needs
2. And meet PSH eligibility criteria
3. Homeless individuals and families with a long period of continuous or episodic homelessness
4. And meet PSH eligibility criteria
5. Homeless individuals and families coming from places not meant for human habitation
6. And meet PSH eligibility criteria
7. Homeless individuals and families coming from TH
8. And meet PSH eligibility criteria

# **Guidance: Verifying and Documenting Homelessness or Chronic Homelessness**

Documentation of homelessness and/or chronic homelessness occurs at the point of PSH project intake (not after) and is used to help determine eligibility and prioritization. When documenting chronic homelessness, providers must document the overall length of time the person experienced literal homelessness (on streets or in shelter), the number of episodes of literal homelessness, and disability status. More details about how to document all elements of chronic homelessness can be found below.

## Documentation Order of Preference

When documenting homelessness and/or chronic homelessness, projects must adhere to the following order of preference:

1. Third-party documentation
2. Intake worker observation
3. Self-certification of homelessness from the person seeking assistance

Following the order of preference means that staff always try to obtain third-party documentation of homelessness first. Ideally, third-party documentation comes from an an agency other than your own. However, if there is not another agency in your community that can provide that kind of verification, staff at your agency, other than the intake worker seeking verification of homelessness, may provide third-party verification. In these instances notes should go into the case file explaining why third-party documentation didn't come from another agency.

If third-party documentation cannot be obtained, then staff must document in client files their efforts to obtain it. Staff may then attempt to obtain intake/staff worker observation of homelessness, and document that in the client/household file. Again, if that documentation cannot be obtained, then staff must document in client files their efforts to obtain it. Lastly, if no other means of verification and documentation could be obtained, staff may collect self-certification documentation from the prospective client to document some of the homeless episodes or length of time homeless and complete and attach the *Documentation of Due Diligence Form* and include in the client file.

## Documenting Current Homelessness

Depending on the particular situation, documentation of *current* homelessness for prospective PSH clients may include the following (in order of preference):

*Sleeping in a place not meant for habitation/Unsheltered location*

1. Third-party documentation
   * HMIS record
     + Staff may print out the relevant pages from the client record and place in paper client file, or simply make a note referencing the homeless episodes documented via HMIS client record
       - Staff should strive to use HMIS records to document homelessness whenever possible
         1. See the Verfication form for PSH projects for more details about how/when HMIS may be used to document unsheltered homelessness
   * Written observation by street outreach worker or other staff on agency letterhead
     + Staff must document the date they observed the household residing in a place not meant for habitation and what they observed about the situation
2. Intake worker observation
   * Written note in client file denoting worker observations that lead them to believe that the household seeking assistance is experiencing unsheltered homelessness
3. Self-certification of homelessness

*Living in emergency shelter or transitional housing*

1. Third-party documentation
   * HMIS record
     + Staff may print out the relevant pages from the client record and place in paper client file, or simply make a note referencing the homeless episodes documented via HMIS client record
       - Staff should strive to use HMIS records to document homelessness whenever possible
   * Written verification on agency letterhead outlining the dates of entry/exit
     + From non-HMIS participating emergency shelter or transitional housing providers, including DV shelters and organizations that paid for a hotel/motel stay with public/private funds
2. Intake worker observation
   * Written note in client file denoting worker observations that lead them to believe that the household seeking assistance is living in an emergency shelter or transitional housing
3. Self-certification of homelessness

*Exiting an institution*

Institutional Stay Less than 90 days

1. Third-party documentation
   * Written verification on agency letterhead outlining the dates of entry/exit
     + Letter should come directly from the institution and identify the dates of entry and exit, to ensure the stay was less than 90 days
   * Discharge paperwork from the institution, if it includes dates of stay
2. Intake worker observation
   * Written note in client file outlining what intake worker has observed or what info they have collected to document the institutional stay and entry into the institution from homelessness
3. Self-certification
   * Not acceptable documentation of an institutional stay

Literal Homelessness (ie, residing in an emergency shelter or unsheltered location) Prior to Institutional Stay

1. Third-party documentation
   * HMIS record for written verification on agency letterhead outlining previous ES/unsheltered stay and entry from that homeless situation into the institution
     + Staff may print out the relevant pages from the client record and place in paper client file, or simply make a note referencing the homeless episodes documented via HMIS client record
       - Staff should strive to use HMIS records to document homelessness whenever possible
     + Written verification on agency letterhead outlining the dates of entry/exit from non-HMIS participating emergency shelter or transitional housing providers, including DV shelters and organizations that paid for a hotel/motel stay with public/private funds
2. Intake worker observation

* Written note in client file denoting worker observations that lead them to believe that the household seeking assistance is living in an emergency shelter or transitional housing

3) Self-certification of homelessness

## Documenting Homeless History

Documentation of homeless history, for purposes of documenting chronic homelessness, involves documenting 12 months of continuous literal homelessness, or 12 months of cumulative homeless history within the past three years, across mutltiple homeless episodes. Similar to documenting current homelessness, providers must follow HUD’s order of preference for documenting homeless history.

Additionally, providers should keep the following requirements in mind when documenting homeless history for chronically homeless households:

*Self-Certification of Homeless History*

* The full 12 months of cumulative or continuous homelessness can be documented by self-certification if:
* **No more than 25% of households served** in a project’s operating year documented their full homeless history via self-certification
  + The use of self-certification to document the entire homeless history for chronically homeless households should be limited to rare and extreme cases
  + *Self-Certification of Homelessness* form completed
  + *Documentation of Due Diligence* form completed

*Documenting Breaks in Chronic Homeless Status:*

When documenting chronic homelessness based on cumulative time homeless (ie, multiple episodes), providers need to document each homeless episode and the breaks between each episode.

* A break between homeless episodes is defined as seven nights or more living in a place meant for habitation
* Evidence of a break can be documented by:
* Third-party documentation
* The self report of the individual seeking assistance
  + - 100% of the breaks can be documented by self report

## Documenting Disability

As described in page 2 of this guidance, to be eligible for PSH, homeless households/individuals must have a diagnosed disability. Providers must document disability status in client files in one of the following ways:

* Third-party documentation must be provided (cannot be self certified) and include:
* 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
* Written verification from Social Security Administration (SSA)
* The receipt of a disability check (copy of check stub or equivalent documentation in file)
* Intake staff-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days

### Efforts to Obtain Third-Party Documentation and Documenting Due Diligence

When seeking to obtain third-party verification of homelessness, staff should make, at minimum, the following efforts:

* Contact the third-party at least three different times, if the first contact attempts are unsuccessful
* Use multiple methods for contacting the third-party, if the first contact attempts are unsuccessful

Any time that third-party verification cannot be obtained to document and verify homelessness, intake workers must document in client files their efforts to obtain the documentation, the obstacles to obtaining it, and the outcome of their efforts. The following pieces of information, at minimum, should be detailed in client files for each third-party that intake workers attempted to contact:

* Name of third-party contacted (include organization name and staff name, if applicable)
* Date of initial contact
* Number of attempted contacts (include dates for each contact)
* Method of contact
  + In person, email, telephone, other
* Description of attempt(s) to obtain third-party verification and why those attempts were unsuccessful

If self-certification of homelessness is the only documentation/verification of homelessness that an intake worker has been able to collect, the intake worker must complete the *Documentation of Due Diligence Form* and include in the client file.

**Verification of Chronic Homelessness, Homelessness, Eligibility, and Adherence to the Order of Priority: PSH Projects**

Project staff are required to document homelessness or chronic homelessness (when chronically homeless are identified locally), eligibility, and adherence to the Ohio BoSCoC PSH Order of Priority for all persons seeking PSH 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.

**Instructions:** This Verfication Form is to be used when documenting eligibility and homeless history for prospective PSH clients. For proposective clients who are CHRONICALLY HOMELESS, complete all 6 parts of the Verification Form. For NON-CHRONICALLY HOMELESS, skip part 2 and possibly part 3, but complete all other parts. Providers may use part 3 to document homeless history for non-chronically homeless clients where that history impacts PSH prioritization decisions.

|  |  |
| --- | --- |
| Applicant Name |  |
| HMIS Client ID |  |

|  |  |
| --- | --- |
| **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. Only check ONE box*  *(except when documentation of due diligence is being denoted as well).* | |
| **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, encampment) | ***Third-party Documentation***   * HMIS client record from Street Outreach Provider, IF   + Record confirms current unsheltered status (dates of stay/services should be concurrent with referral) * 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, what they observed about the situation, and photos if possible |
| ***Intake Worker Observation***   * Written verification of unsheltered homelessness as observed by program staff or intake worker (dates of unsheltered homelessness should be concurrent with referral)   + And document due diligence to obtain third-party documentation first * Intake staff documentation of verbal statement from program staff who observed unsheltered homelessness   + And document due diligence to obtain third-party documentation first |
| ***Self-Certification***   * *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***   * HMIS record (dates of stay/services should be concurrent with referral) * 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***   * 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)   + And document due diligence to obtain third-party documentation first * Intake staff documentation of verbal statement from program staff who observed stay in non-HMIS participating ES/TH/hotel and dates of stay   + And document due diligence to obtain third-party documentation first |
| ***Self-Certification***   * *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 |
| **Exiting an institution**  Must have resided in an institution for less than 90 days  **AND**  Must have come from the streets or ES immediately before entering the institution | ***Third-party Documentation***   * Discharge paperwork with the entry/exit dates of stay in the institution * Written statement on agency letterhead from institution official with the entry/exit dates or duration of stay in the institution   **AND**   * **Must also document**: Stay on the streets or in 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) |

|  |  |
| --- | --- |
| **Part 2: Chronic Homelessness Documentation – 12 months Continuous** | |
| *Instructions: For prospective chronically homeless PSH clients who have 12 months of continuous homelessnesss, check the box to indicate the type of documentation provided to document 12 months of continuous homelessness.*  *If you will be documenting 12 months of cumulative (eg, episodic) homelessness within a three year period instead, check the ‘not applicable’ box here and complete Part 3 instead*  **N/A** | |
| **Chronic Homeless Documentation Type** | **Documentation Attached (Select All that Apply and Attach)** |
| **Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation** (incl. a car, park, abandoned building, bus/train station, encampment) | ***Third-party Documentation***   * HMIS client record from Street Outreach Provider, IF   + Record confirms current unsheltered status (dates of stay/services should be concurrent with referral) * 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, what they observed about the situation, and photos if possible |
| ***Intake Worker Observation***   * Written verification of unsheltered homelessness as observed by program staff or intake worker (dates of unsheltered homelessness should be concurrent with referral)   + And document due diligence to obtain third-party documentation first * Intake staff documentation of verbal statement from program staff who observed unsheltered homelessness   + And document due diligence to obtain third-party documentation first |
| ***Self-Certification***   * *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   + 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** |
| **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***   * HMIS record (dates of stay/services should be concurrent with referral) * 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***   * 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)   + And document due diligence to obtain third-party documentation first * Intake staff documentation of verbal statement from program staff who observed stay in non-HMIS participating ES/TH/hotel and dates of stay * And document due diligence to obtain third-party documentation first |
| ***Self-Certification***   * *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   + 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: Episodic Homeless History Documentation – 12 months Cumulative** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Instructions: For prospective chronic and non-chronic 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 are documenting 12 months of continous homelessness (see part 2), check the ‘not applicable’ box here and complete Part 2 instead*  **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 |
| 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 note, only 25% of PSH clients in a given year may have 3 months or more of homelessness documented via self-certification.* ***Please check with your 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* | | | | | | | | | | | |

|  |  |
| --- | --- |
| **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: Check the box corresponding to the Order of Priority category 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:*** |

|  |  |
| --- | --- |
| **Part 5: Disability Status** | |
| *Identify below the type of documentation used to verify disability status for the*  *prospective PSH client and attach documentation. Check ONE box only.* | |
| **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***   * 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 * Written verification from Social Security Administration (SSA) * The receipt of a disability check * 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\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 that you will be documenting via self-certification.. 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-certification 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, if needed:** | | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentation of Due Diligence** | | | | |
| *Instructions: This form must be completed by staff in the following situations:*   * *Self-certification is the only documentation obtained about the current episode of homelessness* * *Self-certification is used to document any part of the homeless history for a chronically homeless client*   For more details about documenting due diligence, review pp 5 of the guidance document. | | | | |
| **Name of Third-Party** | **Date of Initial Contact** | **Dates of Attempted Contacts** | **Method of Contact** | **Description of Attempts to Obtain Verification and Why You Were Unsuccessful** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Staff Name (Printed): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |