**Verification of Homelessness and Eligibility Packet**

**Ohio BoSCoC Rapid Re-Housing Projects**

Rapid Re-Housing (RRH) projects in the Ohio Balance of State Continuum of Care (BoSCoC) must verify and document homelessness as part of the process to determine eligibility for all persons seeking assistance from the project. Additionally, RRH projects must ensure that the persons they intake into their project are categorically eligible for the project and should be prioritized for assistance based on severity of need and homelessness history, as outlined in the Ohio BoscoC Homeless Program Standards.

This packet includes the following:

* *Guidance* about determining project eligibility
* *Guidance* about verifying and documenting homelessness
* *Forms* for documenting homelessness and project eligibility
  + - *Verification of Homelessness and Eligibility*
    - *Self-Certification of Homelessness*
    - *Documentation of Due Diligence*

**Guidance: Determining Project Eligibility**

**Definition of Homelessness for Rapid Re-Housing**

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

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

**RRH Eligibility**

To be eligible for RRH projects, persons/households must have a current homeless status that falls into Category 1 or 4 of the homeless definition and lack sufficient resources and/or supports:

* + Category 1 – Literally Homeless
    - See above for details
  + Lack of sufficient income and/or supports
    - To be eligible for RRH, households must have income no more than 50% of Area Median Income (AMI) at point of program entry
      * If income amounts cannot be verified at program entry, RRH projects may serve otherwise eligible and prioritized individuals and families, so long as the RRH provider believes they lack sufficient income and/or supports to obtain housing on their own
    - To retain eligibility for RRH, client income MUST be verified no later than 90 days after program entry, and client income must be less than 30% AMI at that point
    - To be eligible for RRH, households must lack the financial resources and support networks needed to obtain housing on their own

**Ohio BoSCoC Coordinated Entry Systems and Prioritization for RRH**

Ohio BoSCoC RRH projects must only serve households who have gone through the local Coordinated Entry (CE) process, been assessed with the VI-SPDAT (exception for DV shelters), and been prioritized for RRH assistance based on severity of need and homeless history. You can find more detailed information in the regional Coordinated Entry Plans here: <https://cohhio.org/boscoc/coordinated-entry/> and more info about how to prioritize households based on need in the Ohio BoSCoC Homeless Program Standards available at: <https://cohhio.org/boscoc/gov-pol/>

**Guidance: Verifying and Documenting Homelessness**

Documentation of homelessness occurs at the point of project intake (not after) and is used to help determine eligibility and prioritization.

**Documentation Order of Preference**

When documenting homelessness, projects must adhere to the following order of preference:

1. Third-party documentation
2. Intake worker observation
3. Self-certification 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 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 homelessness and must complete the *Documentation of Due Diligence* form and include in the client file.

## Documenting Current Homelessness

Depending on the particular homeless situation, documentation of *current* homelessness for prospective RRH 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
   * 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* designated to provide temporary living arrangements (including hotel/motel stays paid for by charitable or government programs)

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 (CoC-funded RRH cannot serve persons residing in TH)

1. 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

**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

**Guidance: Verifying and Documenting Lack of Sufficient Income and Supports**

**Documenting Lack of Income**

To be eligible for RRH, households must have income no more than 50% of their local Median Family Income (AMI) at point of program entry. Household income is any money that goes to, or on behalf of, the head of household or spouse or to any other household member. Project staff must document household income in the client file, verify the income source and amount via third-party document (such as pay stubs), and ensure it is no more than 50% of AMI. If self-certification of income is the only documentation/verification of income that an intake worker has been able to collect, the client must complete the *Self-Declaration of Income Form* and include in the client file.

*What is Counted as Income?*

RRH project staff should calculate household annual gross income in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Details can be found here: <https://www.gpo.gov/fdsys/granule/CFR-2011-title24-vol1/CFR-2011-title24-vol1-sec5-609>. Calculation and documentation of income must be retained in the client file.

Income indicates the current gross annualized income of adult household members and unearned income attributable to a minor. The definition of income reflects a household’s income at the time they are seeking assistance. Accordingly, documents and information collected to verify income should be dated within 30 days of RRH application. However, for public assistance benefits, a benefits statement received any time within the 12 months prior to the time of application and reflecting current benefits received is allowed. The following types of inclusions must be counted when calculating current gross income:

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| * Earned income | * Alimony |
| * Self-employment/business income | * Child support |
| * Pension/retirement income | * TANF/public assistance |
| * Unemployment and disability income | * Armed forces |

When calculating income based on hourly, weekly, or monthly payment information, add the gross amount earned on each payment period that is documented (or self-declared, if no documentation) and divide by the number of payment periods. This provides an average wage per payment period. Annualize the income using the following methods:

* Hourly wage X hours worked per week X 52 weeks
* Weekly wage X 52 weeks
* Bi-weekly wage (every other week) X 26 bi-weekly periods
* Semi-monthly wage (twice a month) X 24 semi-monthly periods
* Monthly wage X 12 months

*Determining Income Eligibility*

You can find AMI amounts (also called Median Family Income) for your county, in order to determine if an applicant’s income is 50% AMI or below, here: <https://www.huduser.gov/portal/datasets/il/il2018/select_Geography.odn>

After documenting sources and amount of household income, RRH intake workers must document in client file if income is equal to or less than 50% AMI (RRH eligible) or higher than 50% AMI (not eligible)

**Documenting Lack of Supports**

RRH intake workers must inquire about prospective RRH clients potential support networks and other resources that possibly assist with housing. If intake workers determine that there are no resources or support networks that could be tapped to provide housing assistance for the prospective client, they must document that in the client file.

**Verification of Homelessness and Eligibility: RRH Projects**

Project staff are required to document homelessness and eligibility for all households seeking 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**: Complete all 4 parts of the Verification Form and sign the Staff Certification. All parts of this form are required to be completed.

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| Applicant Name |  |
| HMIS Client ID |  |

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| **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 an 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 used whenever possible (dates of stay/services should be concurrent with entry into an institution) |

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| **Part 2: Lack of Income** | |
| *Instructions: Use the Ohio BoSCoC: RRH Income Eligibility Calculation Worksheet to identify the income sources and amounts for the household, determine the annual gross income, and determine if they are income eligible. Provide the basic information below, and include a copy of the RRH Income Eligibility Calculation Worksheet in the client’s file* | |
| **Key Info: Income Eligibility** | **Information** |
| Total Number of Household Members |  |
| 1. 50% of Area Median Income (AMI) for Household Size? |  |
| 1. Is the household at or below 50% AMI? |  |

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| **Part 3: Lack of Support** | |
| *Instructions: Check the box corresponding to each type of potential support to indicate that you inquired about possible sources of support. Then provide a note indicating support not available, or describing why the support that may be provided is not sufficient to prevent the need for RRH assistance* | |
| **Type of Support** | **Is Support Available to the Household?**  (yes/no – If the response is ‘yes’, indicate why the support isn’t sufficient to replace need for RRH) |
| Immediate family (including parents, siblings, children) |  |
| Extended family (including aunts/uncles, cousins, in-laws) |  |
| 1. Friends |  |
| 1. Faith-based organizations or churches |  |
| 1. Community groups or other groups/clubs which the household may be a member of? |  |

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| **Part 4: Staff Certification** |
| *By signing below, I certify that the information presented in this packet –*  *Parts 1 through 3 - is true to the best of my knowledge.* |
| Staff Name (Printed): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 only.* | | | | |
| **Applicant Name: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS Client ID: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**  *Instructions: Please identify the location of the prospective client’s current homeless episode, and attach any available documentation of the episode.* | | | | |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **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 3 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** |
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| Staff Name (Printed): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature: \_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |