

# Certification of Chronic Homelessness

Applicant Name (Head of Household): \_\_\_\_\_

HMIS ID #: \_\_\_\_\_

Individual    Family   Total Members \_\_\_\_\_   # Adults \_\_\_\_\_   # Children \_\_\_\_\_

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I certify the Applicant or Head of Household is currently literally homeless with a documented disability and history of long-term homelessness, as evidenced by the responses and verification for each area listed below:

## Currently Literally Homeless (limited to the following situations)

- Living or residing in a place not meant for human habitation or in an emergency shelter not including transitional housing (*Verified through written observation of an outreach worker, a written referral by a housing or service provider, or a certification by the applicant and documentation of due diligence to obtain third-party verification*), or
- Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and was living in a place not meant for human habitation or in an emergency shelter prior to entering that facility (*Verified by discharge/release documents stating beginning and end dates of the admission or applicant self-certification and documentation of due diligence to obtain third-party verification and documentation of living situation prior to entering facility*)

## Disability

Applicant or head of household has one or more of the following diagnosed disabilities

- Substance use disorder
- Post-traumatic stress disorder
- Serious mental illness
- Cognitive impairments resulting from brain injury
- Developmental disability
- Chronic physical illness or disability

*(Verified through written documentation by a professional licensed by the state to diagnose and treat the condition or Social Security Administration, copy of a disability check, or staff observation confirmed no later than 45 days of the application for assistance with written verification as described.)*

## Evidence of Long-term Homelessness

- Literally homeless for at least 1 year not including time spent in transitional housing, **and**
- There is a minimum of one encounter documented in HMIS, by written referral or written observation by an outreach worker for **at least 9 of the 12 months, and**
- There is no evidence of a break (7 or more days) from living or residing in a place not meant for habitation, safe haven or emergency shelter. (example: no admission to transitional or permanent housing); **or**
- Applicant certifies living or residing in a place not meant for habitation, safe haven or emergency shelter for at least 1 year, and documentation includes the due diligence to obtain third-party verification and severity of the situation, including explanation for lack of contact with the homeless system; **or**
- Documentation by third-party and self-certification shows evidence the applicant was homeless for at least 1 year with no break (7 days or more) from living or residing in a place not meant for habitation, safe haven or emergency shelter (Requires documentation of the due diligence to obtain third-party verification.); **or**
- Combination of documentation by third-party and self-certification has demonstrated the applicant has been literally homeless for at least 4 separate occasions over 3 years. (Requires documentation of the due diligence to obtain third-party verification.)

**Record each occurrence of homelessness and breaks in the past 3 years\***

Time Period Beginning	Time Period Ending	Number of Days Homeless*	Location of Stay	Documented?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attached referral or self-certification includes documentation of episodes of homelessness

**\*Note:** Only those periods of time an applicant is living or residing in a place not meant for human habitation or in an emergency shelter count towards a period of homelessness. Entry into transitional housing and access to permanent housing are both considered a break in a period of homelessness for purposes of documenting chronic homelessness.

A single encounter with a homeless service provider on a single day within 1 month that is confirmed through third-party documentation is sufficient to consider the individual or family homeless for the entire month unless there is evidence that there was a break in homeless status during that month. **(Minimum of one encounter for at least 9 of the 12 months is required to demonstrate one year period of homelessness.)**

*The definition of chronically homeless includes 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 of being chronically homeless including a family whose composition has fluctuated while the head of household has been homeless.*

Case Manager/Other Staff Completing Interview (print name): \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_