

## HOW TO COMPLETE THE CHRONIC HOMELESSNESS VERIFICATION PACKET

Charlotte County CoC Coordinated Entry System (CES) Intake Staff and Assessors will work with applicants to document their length of homelessness and disabling condition(s) to verify chronic homelessness in all cases where chronicity is required. To do so, providers should use the One Charlotte CES *Chronic Homelessness Verification Packet* prior to completing the Community Information System Assessment.

### Step 1: Complete Chronic Homelessness Referral Worksheet

- Complete the **Referral Sheet** in the *Chronic Homelessness Verification Packet* with applicant.
- If you encounter an individual who is a homeless Veteran move on to **Step 8**.
- If disability verification such as an uploaded **Verification of Disability Form** or other acceptable forms of disability verification have been obtained, check the appropriate box on the **Disability Documentation Checklist** and move on to **Step 3**.
- If the applicant's disability has not been verified through CIS move on to **Step 2**.

### Step 2: Complete Disability Documentation Checklist and collect appropriate disability documentation as provided by the applicant.

- If the applicant does not have disability documentation, ask the applicant to complete and sign the **Verification of Disability Authorization of Release of Information**.
- Request third party verification from the appropriate licensed professional by using the **Verification of Disability Form**.  
*\*\*Note: The Verification of Disability Form does not expire and must be used as documentation regardless of the date it was completed.*
- If third party verification cannot be obtained at this time, an agency identified staff person may observe the qualifying disability to **temporarily** verify the disability. This must be confirmed by one of the approved methods listed in the **Disability Documentation Checklist** within **45** days of the applicant project start date, per HUD regulations.

### Step 3: Complete Time Accumulation Worksheet

- Complete **Category A** on the **Time Accumulation Worksheet** for an applicant who has experienced homelessness for at least 12 continuous months or **Category B** for an applicant with occasions of homelessness and check the corresponding box.
  - If the occasions add up to (1) one continuous year of homelessness until the present or (2) four episodes of homelessness over the past three years totaling a minimum of 12 months (with breaks of at least seven days) without requiring self-certification to document any period of time move on to **Step 4**.
    - This worksheet will help determine what documentation is still required to verify length of homelessness.
    - If the length of homelessness offered through CIS equals 12 continuous months or four occasions in three years totaling 12 months, move on to **Step 4**.
- Complete **Chronic Homelessness Self-Certification** with applicant. *\*Note: The Chronic Homelessness Self-Certification does not expire and must be used as documentation regardless of the date it was completed.*
  - ✓ Please note HUD Guidance released in November 2016:
    - 100% of households served can use self-certification for three months of their 12 months.
    - 75% of households served need to use 3<sup>rd</sup> party documentation for 9 months of their 12 months.
    - 25% of households served can use self-certification as documentation for any and all months.

*HUD Guidance: Homeless documentation should be obtained within 180 days of the household's project start date per HUD regulations and does not need to delay housing the applicant. It is considered best practice in Charlotte County, Florida to obtain homeless verification within 45 days of project start date.*

- HUD requires due diligence in attempting to access any third-party verification that can be documented. Ask the applicant to sign the **Third Party Homeless Verification Authorization for Release of Information Form** to request third party homeless verification for missing periods.
- Request third party homeless verification from all appropriate sources using the **Third Party Homeless Verification Form**. *\*\* Note: The Third Party Homeless Verification Form does not expire and must be used as documentation regardless of the date it was completed.*
- Revisit the **Time Accumulation Worksheet** to ensure it is complete including method of verification for periods of homelessness.

#### **Step 4: Complete Chronic Homeless Determination**

- Select **Homelessness Verification Pending** if appropriate:
  - If pending, continue to work towards accessing documentation and revisit this chronic homelessness determination form to update the status once verified.
    - A household may be housed with pending verification that will be collected within 45 days of project start date for disability documentation and 180 days of project start date for length of homelessness documentation. (While 180 days is acceptable according to HUD requirements, it should be noted that the verifying worker should attempt to obtain all documentation within 45 days per Gulf Coast Partnership standards.)
- Select **Chronic Homelessness Verified** when applicable.
- Select **Applicant Determination Ineligible** if appropriate:
  - A CIS status update must follow this determination to alert CES matchers that this person will not be housed by your program due to not being eligible if that is the case. The needs status should read "Ineligible" with a note included as to why the applicant is not eligible for your program/project.
  - Securely fax packet back to Dir. of Coordinated Services/Referring Agency.

**Step 5: Ensure that all information that is uploaded or input into CIS is accurate and complete, including assessment information.**

**Step 6: Provide copy of completed Chronic Homelessness Verification Packet to the Director of Coordinated Services via fax, email or in person.**

**Step 7: Provide copy of signed lease agreement and all other relevant project information/documentation to the Director of Coordinated Services via fax, email or in person.**

**Step 8: Contact Kelly Hunter, Dir. of Coordinated Services at 941.626.0220 x 4.**

**Please Note:** *The coordinated entry process **must allow** participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.*

**Kelly Hunter, Dir. of Coordinated Services**  
**Tel: 941.626.0220 x4**  
**Fax: 941.347.8154**  
**Email: [Kelly.Hunter@gulfcoastpartnership.org](mailto:Kelly.Hunter@gulfcoastpartnership.org)**

## DISABILITY DOCUMENTATION CHECKLIST

In order to qualify for Chronic Homelessness Status, a person must have a disability that is expected to be a long, continuing, or of indefinite duration, and substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. **Qualifying disabilities for HUD projects include the following chronic conditions:** Mental Health Disorder, Substance Use Disorder, Dual or Co-Occurring Diagnosis, HIV/AIDS, Physical Disability, and Developmental Disability. The documentation required for disability verification must be obtained from a third party and include:

*Select which of the following is being used to verify disability status at this time and attach all supporting documentation.*

- Written verification from a professional licensed by the state 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 individual's ability to live independently. ***This includes the One Charlotte Verification of Disability Form found in this packet.***
- Written verification from the Social Security Administration
- The receipt of a disability check

In the absence of the above noted methods of verification, an observation of a qualifying disability by an agency identified staff person may be used to ***temporarily*** verify disability. However, this must be confirmed by one of the above methods within 45 days of the applicant being entered into a project. This option should be used sparingly. For HUD funded projects, if verification by one of the aforementioned types is not secured within the 45-day period, the funding for that bed will be impacted and may not be paid at all for the duration of the time the applicant is in housing.

- An agency identified staff recorded observation of a disability. This must be documented by one of the above means no later than 45 calendar days from the applicant's entry into a project.

**\*\*Note:** Observation of a disability may include, but not be limited to: directly witnessing any of the following – an apparent physical disability, indicators of a chronic substance use, the presence of severe mental or emotional impairment, undue paranoia, or significant displays of inappropriate behavior, language, clothing, etc. Medications, prescriptions, and medical records for treatment of a disability may also be considered. Some agencies may choose to conduct a more formal needs assessment during which the applicant has the opportunity to report the presence of a qualifying disability or symptoms which indicate a disability.



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ONE CHARLOTTE

**COVER PAGE**

**Client CIS Assigned Number:** \_\_\_\_\_

**VI-SPDAT Utilized:**  Youth  Individual  Family

**VI-SPDAT Score:** \_\_\_\_\_

**Disabling Condition:**  Yes  No

**Disability Verification:**  Yes  No

**Chronic:**  Yes  No

**Number in Household:** \_\_\_\_\_

**VA Eligible Veteran:**  Yes  No  Unknown

**Approximate Date Homelessness Started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Case Manager Name:** \_\_\_\_\_

**Agency Contact:** \_\_\_\_\_

**Agency Contact Email:** \_\_\_\_\_

**Agency Contact Telephone:** \_\_\_\_\_

**Agency Contact Fax:** \_\_\_\_\_

**Kelly Hunter, Dir. of Coordinated Services**  
**Tel: 941.626.0220 x4**  
**Fax: 941.347.8154**  
**Email: [Kelly.Hunter@gulfcoastpartnership.org](mailto:Kelly.Hunter@gulfcoastpartnership.org)**

CLIENT CIS ID# \_\_\_\_\_

**CHRONIC HOMELESSNESS VERIFICATION PACKET**

**Referral**

<i>Applicant Name</i>	<i>Date of Birth</i>	<i>Referral Date</i>
<i>Applicant Telephone Number</i>	<i>Applicant SSN</i>	<i>Head of Household Status</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No Number in household _____ Number persons under 18 _____
<i>Referring Agency</i>	<i>Referring Agency - Staff Name</i>	<i>Referring Agency Telephone Number</i>
<i>Agency Receiving Referral (For GCP Use)</i>	<i>Intake Worker Name</i>	<i>Intake Worker Telephone Number</i>
<i>Project Start Date (For GCP Use)</i>	<i>Project End Date (For GCP Use)</i>	<i>VI-SPDAT Score</i>

Client must currently be residing in one of the following locations to be considered chronically homeless. *(Please check one)*

- Emergency Shelter
- On the Streets/Place not Meant for Human Habitation
- Domestic Violence Shelter
- Institutional Care Facility (for fewer than 90 days)

Location/Address where you are currently residing \_\_\_\_\_

Current Housing Status Notes: \_\_\_\_\_

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

Housing Preference: \_\_\_\_\_

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



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Verification of Disability**

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

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

Dear \_\_\_\_\_,

\_\_\_\_\_ is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached *Verification of Disability* form is part of the eligibility process. We are requesting your assistance in the verification process.

<i>Referring/Verifying Agency</i>	<i>Address</i>	( ) _____
<i>Contact Person</i>	<i>Email</i>	<i>Telephone</i>
		( ) _____
		<i>Fax</i>

Please contact us with any questions or concerns.

Sincerely,

\_\_\_\_\_  
*Signature of Agency Representative*

**Client Consent for Release**

I hereby authorize the release of the information requested in the attached *Verification of Disability* form for the purpose of verifying my eligibility for housing and related services.

<i>Signature of Applicant</i>	<i>Date</i>
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<i>Signature of Legal Guardian or Representative</i>	<i>Date</i>
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<i>Signature of Verifying Worker</i>	<i>Date</i>
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\*\*This release of information will expire 7 year(s) from the date of the applicant's written consent. \_\_\_\_\_  
 (Client Initial)

VERIFICATION OF DISABILITY FORM

The following individual, \_\_\_\_\_, is determined to be eligible for participation in your HUD program, as they are considered to be disabled. *(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 and 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.)*

- 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
    - Economic self-sufficiency
  - 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.
- Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

I have reviewed this definition and determined that:

\_\_\_\_\_, meets the above disability criteria.

**[Disability may also include those with a chemical dependency disability as a primary diagnosis.]**

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

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

Professional Title \_\_\_\_\_ License or Certification ID#: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

*\*(Documentation of a disability **MUST** come from a credentialed and licensed psychiatrist or medical professional trained to make such a determination or from the Social Security Administration). It is suggested that the diagnosis be included for an agency to make a reasonable assessment of needs. **Please attach a statement or an assessment attesting to the current condition (consistent with the Type of Disability checked above) of the applicant to this program. Please be as specific as possible documenting the limiting factors of the condition (i.e. functional deficits)***



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Third-Party Homeless Verification**

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

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

Dear \_\_\_\_\_,

\_\_\_\_\_ is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached *Third-Party Homelessness Verification* form is part of the eligibility process. We are requesting your assistance in the verification process. Please return signed form(s) to:

Referring/Verifying Agency	Address
_____	( ) _____
Contact Person	Email
_____	_____
	Telephone
	( ) _____
	Fax
	_____

Please contact us with any questions or concerns.

Sincerely,

\_\_\_\_\_  
*Signature of Agency Representative*

**Client Consent for Release**

I hereby authorize the release of the information requested in the attached *Third-Party Homelessness Verification* form for the purpose of verifying my eligibility for housing and related services.

Signature of Applicant	Date
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Signature of Legal Guardian or Representative	Date
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Signature of Verifying Worker	Date
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\*\*This release of information will expire 7 year(s) from the date of the applicant's written consent. \_\_\_\_\_

(Client Initial)



**THIRD-PARTY HOMELESSNESS VERIFICATION**

**Section A:** To be completed by **staff/volunteer** as part of client intake process when verification is needed to determine program eligibility. Please specify the periods to be verified by the third party in the blanks below; only ask for verification for gaps not covered by CIS or other 3<sup>rd</sup> party documentation.

**Verification is needed for the following occasions of homelessness experienced by** \_\_\_\_\_ (Client Name)

- (1) Between: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- (2) Between: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- (3) Between: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- (4) Between: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section B:** To be completed by the third-party who may verify the entire time requested by the requesting agency or any smaller periods within the requested range of dates. Please fill in the chart below with occasions of homelessness experienced by the applicant which you are verifying.

<u>Time Period</u>		<u>Homeless Situation</u>	<u>Location</u>
<u>Start Date</u>	<u>End Date</u>	<u>Example: street, encampment, etc.</u>	<u>Address, Intersection, Zip Code</u>

**Note:** HUD defines homelessness as (1) sleeping in a place not meant for human habitation (such as living on the streets, in a car, at a park, or on public transportation) **OR** (2) living in a homeless emergency shelter **OR** (3) staying at safe have program model **OR** (4) Fleeing/attempting to flee domestic violence. All circumstances listed above should fall into one of these 4 categories with an exception if the client is currently in an **Institutional Care Facility** where they have been for fewer than **90** days and which they entered from one of the above 4 categories.

**Section C:** To be completed by the **third party** providing the verification of homelessness.

**Please check your most applicable affiliation:**

- Correctional Facility       Mental Health Provider/Institution       Service Provider
- Emergency Shelter       Substance Dependent Treatment       Law Enforcement
- Faith Based Org.       Transitional Housing       Homeless Outreach Team/Worker
- Veteran's Org.       Medical Provider/Institution       Community Member
- Business       Community Org.       Other: \_\_\_\_\_

**Please check all applicable statements:**

- I can confirm that the applicant's history of experiencing homelessness from field visits where I met with them in an emergency shelter, places not meant for habitation, and/or at a safe haven.
- I can confirm the applicant's history of experiencing homelessness from agency records and experience of having served them throughout the time they have been homeless.
- I can confirm the applicant is currently staying or previously stayed at our agency's facility.

Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ County/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CHRONIC HOMELESSNESS DETERMINATION**

Assessor should complete the most appropriate of the 3 categories below indicating the applicant’s chronic homelessness status. Your determination should be based on HUD’s definition of chronic homelessness.

**CHRONIC HOMELESSNESS VERIFICATION PENDING**

Upon careful review of the applicant’s self-statement and CIS record, this applicant appears to meet the definition of experiencing chronic homelessness. Assessor will pursue further documentation to confirm the applicant’s chronic homelessness status and complete the Chronic Homelessness Verification Packet.

\_\_\_\_\_  
Signature of Verifying Worker

\_\_\_\_\_  
Date

All third party homeless documentation must be collected within 45 days of applicant’s project start date. If third party documentation cannot be obtained, a written record of the verifying worker’s due diligence to obtain the documentation of the living situation should be included. All disability documentation should be collected within 45 days of the applicant’s project start date.

\_\_\_\_\_  
Project Start Date

\_\_\_\_\_  
Chronic Verification Deadline

\_\_\_\_\_  
Disability Verification Deadline

**If applicant’s Chronic Verification is Pending, this section should be revisited and updated when the applicant is determined to have moved from Pending, Verified or Ineligible.**

**Please note HUD guidance released November 2016 regarding homeless documentation:**

- 100% of households served can use self-certification for 3 months of their 12 months.
- 75% of households served need to use 3<sup>rd</sup> party documentation for 9 months of their 12 months.
- 25% of households served can use self-certification as documentation for any and all months.

**CHRONIC HOMELESSNESS VERIFIED**

To the best of my knowledge, the Chronic Homeless Verification Packet is complete, and the applicant meets the definition of experiencing chronic homelessness.

\_\_\_\_\_  
Signature of Verifying Worker

\_\_\_\_\_  
Date

**CHRONIC HOMELESSNESS VERIFIED**

Upon careful review, this applicant does not meet the definition of experiencing chronic homelessness based on the following criteria:

- The applicant has **not** experienced 12 continuous months of homelessness nor 4 distinct occasions of homelessness in the past 3 years that total 12 months.

To the best of my knowledge, the applicant has experienced \_\_\_\_\_ occasions of homelessness in the past 3 years totaling \_\_\_\_\_ months. (Please see the Time Accumulation Worksheet on page 10 for further details.)

- The applicant has not reported nor has staff observed a qualifying disabling condition.

I recommend the applicant’s chronic homeless status for further review by One Charlotte/Referring Agency.

\_\_\_\_\_  
Signature of Verifying Worker

\_\_\_\_\_  
Date

**\*\*For all referrals determined ineligible, please securely fax this packet back to Dir. of Coordinated Services/Referring Agency.**

## TIME ACCUMULATION WORKSHEET

To qualify for Chronic Homelessness Status, a person must have **(A)** been continuously homeless for the last 12 months OR **(B)** has a minimum of 4 occasions of homelessness over the past 3 years, totaling a minimum of 12 months. The applicant must have accumulated at least 12 months of homelessness. Occasions are broken up by “breaks.” A break is determined by the person having been in a place not meant for human habitation for a period of at least 7 nights OR in an institutional setting for a period of more than 90 days. Breaks may be documented entirely from self-certification. Stays in places meant for human habitation for less than 7 nights and/or institutional settings for less than 90 days **DO NOT** count as breaks and **CAN BE** counted toward the applicant’s homeless time accumulation.

**If the time experiencing homelessness is not being verified entirely by the applicant’s CIS record, select and complete the chart below for the appropriate category, A or B. Attach 3<sup>rd</sup> party Verification and Self-Statement Forms as needed.**

- A.** The applicant has been **continuously homeless** for the past 12 months.

**Please start from the current occasion and work backwards in time.								
Category A		Actual Time Period Being Documented		Homeless Situation/Provider	Method of Verification			
Occasion#	#of Months Verified	Start Date	End Date		HMIS Record	3 <sup>rd</sup> Party	Self-Certification	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>#of Occasions:</b>	<b>Total Months</b>	Start date of 1-year continuous period of Chronic Homeless time calculation (1 year prior to date of assessment or housing interview): _____ / _____ / _____						

**OR**

- B.** The applicant has had a minimum of **4 occasions of homelessness over the past 3 years** totaling a minimum of 12 months with breaks of at least 7 consecutive days between episodes.

**Please add the total number of months of homelessness verified, excluding breaks. A single encounter in a month is sufficient to consider the household as experiencing homelessness for the entire month unless there is clear evidence of a break. Please start from the current occasion and work backwards in time.								
Category B		Actual Time Period Being Documented		Homeless Situation/Provider	Method of Verification			
Occasion#	#of Months Verified	Start Date	End Date		HMIS Record	3 <sup>rd</sup> Party	Self-Certification	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>#of Occasions:</b>	<b>Total Months:</b>	Start date of 3-year period of Chronic Homeless time calculation (3 years prior to date of assessment or housing interview): _____ / _____ / _____						

**CHRONIC HOMELESSNESS SELF-CERTIFICATION**

Applicant Name \_\_\_\_\_

Applicant Contact Information \_\_\_\_\_

Applicant D.O.B. \_\_\_\_\_

**For the purpose of establishing Chronic Homelessness Status, an applicant may provide a Self-Statement to certify up to 3 months of homeless time and any non-institutional breaks in homelessness of 7 nights or more. Use this form to note the dates associated with each. The Self-Statement form will be maintained in the applicant’s file.**

- I certify that I was experiencing homelessness (sleeping in a place not meant for human habitation such as living on the streets, in a car, at a park, or on public transportation) **OR** living in a homeless emergency shelter **OR** a safe haven **OR** in an institutional setting for less than 90 days during the following period(s) of time:

# of Months	Actual Time Period Being Documented		Homeless Situation
	Start Date	End Date	
<b>Total Months:</b>			

- I certify that during the dates listed below, I was in housing for at least 7 nights **OR** an institutional setting for at least 90 days during the following period(s) of time:

(“In housing” includes renting an apartment, couch surfing, staying with friends or family, hotel stays, hospital stays, rehab, and any other time spent living in a place meant for human habitation for 7 or more consecutive nights.)

#of Days	Actual Time Period Being Documented		Housing/Institutional Setting
	Start Date	End Date	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Worker Signature

\_\_\_\_\_  
Date

## GUIDANCE

The recordkeeping requirements included in the [Final Rule on Defining “Chronically Homeless”](#) are meant to ensure that, when applicable, housing that is dedicated to serving persons experiencing chronic homelessness is being used to serve persons that meet the definition. It was never HUD’s intention that these requirements act as a barrier to housing those most in need of as quickly as possible. In fact, HUD believes that its final recordkeeping requirements for the definition of chronically homeless strike the appropriate balance and do not create a level of documentation that is too burdensome. This is part of the reason that HUD permitted each project to serve up to 25 percent of the individuals and families in a given operating year who do not have at least 9 months of their stays in a place not meant for human habitation, domestic violence shelter, or emergency shelter documented by third-party documentation.

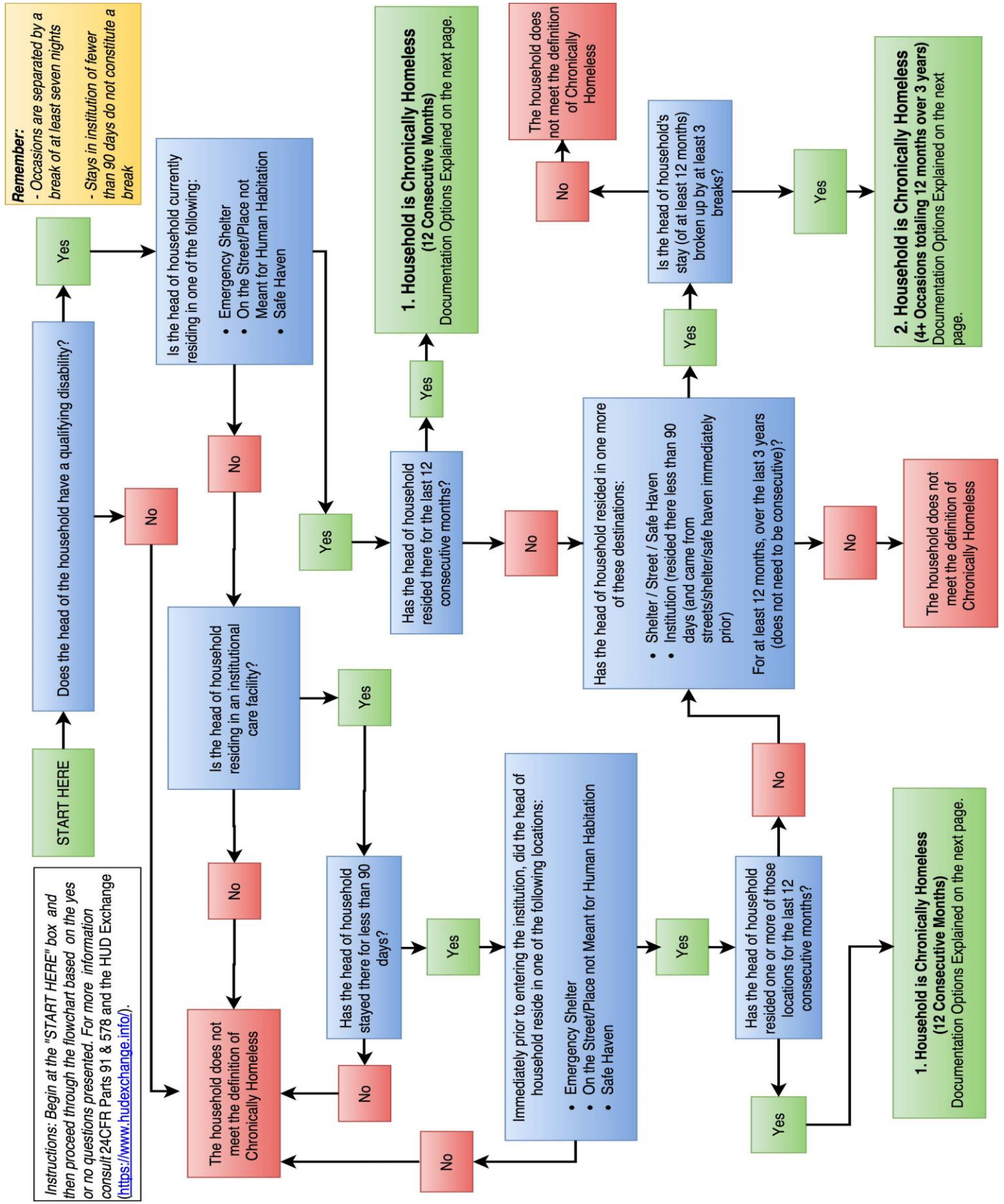
However, even with this 25 percent allowance, HUD has received comments that some additional time is often needed by agencies to obtain the appropriate documentation of an individual or head of household’s chronic homeless status. Therefore, although **the final rule requires documentation of eligibility at intake to the project, it does not require that all third-party documentation be acquired at the point of intake**. HUD recognizes that it may take a little bit more time to obtain third-party documentation for documenting chronic homeless status in accordance with the final rule for prior months or occasions. **Therefore, HUD has determined that although the agency must follow the order of priority for obtaining evidence as required in the final rule, written self-certification at the point of intake for up to the full period of time homeless required by the definition of chronically homeless is sufficient (if no other documentation can be obtained at that point in time) for the agency to enroll the household into the project. The agency then must work to obtain the required third-party documentation within 180 days from the point in which the project participant is enrolled in the project.** Project participants that have been enrolled in the project for less than 180 days may be excluded from the calculation for determining whether or not at least 75% of program participants have at least 9 months of third-party documentation.

Following the first 180 days from the point of a program participant’s enrollment, if the agency has not been able to obtain third-party documentation for at least 9 months of the individual or head of household’s residence in a place not meant for human habitation, a domestic violence shelter, or an emergency shelter, then one of the following applies:

1. If the agency has not already reached their 25 percent cap, the program participant can continue to be assisted in the project and the agency must consider this program participant as counting towards their 25 percent allowance; or
2. If the agency has already reached their 25 percent allowance, ***no additional funds*** can be used to continue serving this household in that project. For this reason, HUD encourages agencies that are currently at their 25 percent allowance to use this additional time carefully and only for program participants where they are fairly certain that the required third-party documentation **cannot** be obtained. It is also for this reason that HUD encourages agencies to continue to obtain at least 9 months of third-party documentation for program participants, even after a program participant has been enrolled in the program for some time, because if an agency is ultimately able to obtain 9 months of third-party documentation of a head of household’s homeless status, then that household can be removed from the 25 percent calculation.

**Example:** Henry is a program participant that entered a project on June 1st. He reports that he has been living in a place not meant for human habitation, a domestic violence shelter, or an emergency shelter for the last 12 months. At the point of intake, there was only 2 months of third-party documentation of Henry residing in one of these locations. The agency may obtain a self-certification from Henry for the remaining 10 months in order to enroll Henry in the program and get him into housing. The agency then has up to 180 days from the point of his enrollment to obtain at least 7 additional months of third-party documentation (to add to the 2 months that had been obtained at the point of intake) to get to the 9 months of required third-party documentation. At any point in time, the program will calculate whether or not they are meeting the requirement that at least 75 percent of program participants have third-party documentation for at least 9 months of their homelessness history based on program participants that enrolled after January 15, 2016 **and** had been enrolled in the program for 180 days or more. If the agency is not able to do so, and is not at their 25 percent allowance, then they could continue to serve Henry, but **must count him towards their 25 percent allowance**. But, if the agency was already at their 25 percent allowance, the recipient could no longer serve Henry in that project.

***Please note, agencies must continue to obtain third-party documentation of the head-of-household’s disability within 45 days, as required by the final rule.***



UNMET NEEDS

What services would this participant likely benefit from:

- Mental Health Services
- Substance Abuse Services
- Employment Training
- Life Skills Training
- SOARS
- Legal Services
- Transportation
- Peer Support
- Socialization Outlets
- Support Groups
  - Mental Health
  - Substance Abuse
  - Other:

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- SNAP
  - Parenting Classes
  - Budgeting/Financial Skills
  - Other:

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