

(Agency Name or Logo)

Certification of Chronic Homelessness

Applicant Name (Head of Household): _____ UNITY ID #: _____

Individual Family Total Members _____ # Adults _____ # Children _____

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.)

Completion of the table on page two is required to document the length of time homeless based on HMIS. Attach referral form or self-certification for all other sources of 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<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: _____