**ESG FORM: HOMELESS HISTORY TIMELINE**

REQUIRED COMPLETION BY INTAKE STAFF

|  |  |  |
| --- | --- | --- |
| **Client Name:** |  | **Date:** |
| **Current Residence:**  *(Night Before Above Date)* |  | |
| **Staff Name:** |  | |
| **Program Name:** |  | |
| **Component Type:** | **Permanent Supportive Housing**  **PH Rapid Re-Housing** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Living Situation & Type  *(i.e., Emergency Shelter, Transitional Housing, Residential Housing, Institution, friend’s couch etc.)* See HUD Definitions/Criteria on these locations. | Start Date | End Date | Total Months/Days in  Living Situation  *(specify if the month(s)/day(s) for each location count as being housed/homeless*  See HUD definitions to determine. |
| 1  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 2  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 3  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 4  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 5  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 6  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |

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| --- | --- | --- | --- |
| Living Situation & Type, *Continued*  *(i.e., Emergency Shelter, Transitional Housing, Residential Housing, Institution, friend’s couch etc.)* See HUD Definitions/Criteria on these locations. | Start Date | End Date | Total Months/Days in  Living Situation  *(specify if the month(s)/day(s) for each location count as being housed/homeless*  See HUD definitions to determine. |
| 7  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 8  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| 9  Living Location:  Type: |  |  | Number of Months/Days:  Homeless or Housed:  Does this constitute as a break in Homelessness under CH?  Yes  No |
|  |  |  |  |
| *NOTE:A client only qualifies as CH if they have been homeless continuously for 12 months FROM THE DATE OF INTAKE or have had at least four (or more, not less) occasions of homelessness in the past three years FROM THE DATE OF INTAKE that total twelve months separated out by breaks of at least seven consecutive nights not homeless.* |  |  | **Total Breaks:**  **Total Months Homelessness:** |
|  |  |  |  |

**IMPORTANT!**

**Use/attach additional pages as necessary to substantiate homeless timeline. In addition to completion of this form, attached Third Party Documentation is required.** See HUD Final Chronic Homeless Definition, Homeless Definition and Documentation Requirements to properly complete this form.

**Intake staff must use/document due diligence when obtaining documentation of any status. Due diligence is a process of acquiring objective and reliable information, generally on a person or a company, prior to a specific event or decision. It is usually a systematic research effort, which is used to gather the critical facts and descriptive information which are most relevant to making an informed decision on a matter of importance. This also aligns with HUD's Order of Priority for obtaining information.**

**CLIENT AND STAFF CERTIFICATIONS**

*To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify* *of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_

*To the best of my knowledge and ability, all the information and documentation used in making this eligibility determination is true and complete.*

**Staff Signature: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_