**ESG FORM 3: Chronic Homeless Certification**

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| **Client/HoH Name:** |       | **HMIS ID#:**       |
| **Staff Name:** |       | **Date:**       |

This form is to certify the above individual/household is currently chronically homeless based on the information provided on this form and required documentation attached and included in the client file.

HUD defines chronic homelessness as an individual or head of household who meets all three of the following criteria:

1. Currently residing in an emergency shelter, a safe haven or on the streets/place not meant for human habitation, *and*
2. Has either been continuously homeless for 12 months or more [CONSECUTIVE] OR has had at least 4 occasions of homelessness in the past 3 years where those occasions total at least 12 months separated by breaks of at least 7 nights between each episode, [EPISODIC] *and*
3. Has a qualifying disability.

**1**

**CURRENT LIVING SITUATION**

CRITERIA

CRITERIA

*Client must currently be in one of these locations as part of meeting chronic definition:*

Client is currently:

[ ]  In Emergency Shelter

[ ]  On the Streets (*Includes places not meant for human habitation*)

[ ]  In a Safe Haven

Program Name of Current Living Situation:

Date which the current homeless episode began:   |  |

Documentation Attached: [ ]  Yes [ ]  No

*Eligible documentation includes a signed/dated letter from the Emergency Shelter provider indicating the client is currently staying in the shelter or a signed/dated street outreach verification letter.*

**LENGTH OF TIME ON THE STREET, EMERGENCY SHELTER or SAFE HAVEN**

CRITERIA

**2**

CRITERIA

*At least one of the grey shaded boxes must be checked as part of meeting chronic definition:*

**Continuously Homeless for One Year or More**

Client/head of household has been continuously homeless without a break (living on the streets or in an emergency shelter, a safe haven or some combination of all three) for at least a year.

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No [ ]  Client Doesn’t Know [ ]  Client Refused*If one of these boxes is checked, the client must have at least 4 occasions of homelessness in last 3 years with the occasions cumulatively totaling at least 12 months as part of meeting the chronic definition.* |

Documentation Attached: [ ]  Yes [ ]  No

**Number of Occasions (defined by a break of at least 7 nights not residing in an ES, SH or place meant for human habitation) Person was Homeless on Streets, in a Shelter or Safe Haven in the past 3 years**:

[ ]  Never in the 3 years [ ]  1 [ ]  2 [ ]  3 [ ]  4 or more (*if checked, see below)*

[ ]  Client Doesn’t Know [ ]  Client Refused

**Cumulative Total Number of Months on Streets in a Shelter or Safe Haven in the past 3 years:**

If 4 or more occasions (as checked above):Total number of months person was homeless on the streets, in a shelter and/or in a safe haven in the past 3 years:

*Any single day or part of a month the person was homeless should be counted as one month unless there’s a documented break in that month.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Occasion #1** | **Occasion #2** | **Occasion #3** | **Occasion #4** |
| **Start Date** |       |       |       |       |
| **End Date** |       |       |       |       |
| **Location** | [ ]  Streets[ ]  Shelter[ ]  Save Haven[ ]  Combo of these 3 | [ ]  Streets[ ]  Shelter[ ]  Save Haven[ ]  Combo of these 3 | [ ]  Streets[ ]  Shelter[ ]  Save Haven[ ]  Combo of these 3 | [ ]  Streets[ ]  Shelter[ ]  Save Haven[ ]  Combo of these 3 |
| **Doc Attached?** | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

**Eligible documentation includes:**

1. *Third party written documentation from another provider on that agency’s letterhead and including the client’s name, dates he/she was homeless and signed by staff with his/her title or a printout from HMIS, or*
2. *Intake worker written observation, or*
3. *Client self-certification*

***Documenting continuous Homelessness (at least 1 year or more)***

* *Must have been on the streets, shelter or safe haven or a combo of any of these for at least 1 year without a break.*
* *A break is considered at least 7 or more consecutive nights residing in a place meant for human habitation or not residing on the streets, in a shelter or in a safe haven.*
* *At least 9 months of the 12 months homeless must be documented by either HMIS data, a written referral or a written observation by an outreach worker.*

*NOTE: Only in rare and extreme cases can self-certification be allowed for the entire period of homelessness. In these rare instances, your attempt to get 3rd party documentation must be documented. No more than 25% of households served in a given operating year may be documented only by self-certification.*

***Documenting Occasional Homelessness (4 times in the last 3 years)***

*Episode must have been on the street, in a shelter or in the safe haven.*

***Institutional Stays***

*A stay in an institution (eg jail, hospital, mental health inpatient stay) for fewer than 90 days do not count as a break so long as the person entered that institution from the streets, an emergency shelter or safe haven (if less than 90 days) would count towards the total time homeless.*

**DISABILITY**

CRITERIA

**3**

Client/head of household has been diagnosed with one or more of the following *(check all that apply):*

Post-traumatic stress disorder

 Cognitive impairments resulting from brain injury

 Chronic physical illness or disability

[ ] Substance use disorder [ ]

[ ] Serious mental illness [ ]

[ ] Developmental disability [ ]

Documentation Attached: [ ]  Yes [ ]  No

*Eligible documentation of disability includes: Third party written verification including professional licensed by the state to diagnose and treat disability, and Certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes ability to live independently, or written verification from the Social Security Administration or receipt of a disability check.*

*Intake staff observations or disability may suffice if confirmed and accompanied by written third-party verification no later than 45 days after date of intake. Oral third-party verification and self-certification are not appropriate sources of verification.*

We verify that the information on this form is accurate and true and has been placed in the client’s case file.

We additionally agree that this information can be shared with other organizations who serve

people experiencing homelessness for the purposes of coordinating care.

Client/HoH Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_|\_\_\_|\_\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_|\_\_\_|\_\_\_\_\_\_

**REQUIRED DOCUMENTATION**

|  |  |
| --- | --- |
| **STREETS OR OTHER PLACE NOT MEANT FOR HUMAN HABITATION** | * **Written Third Party** (one or more of the following)**:**
	+ HMIS record of homeless street outreach contacts
	+ Homelessness Certification form
	+ Signed letter on letterhead from a homeless street outreach provider or referral source

**OR*** **Self-Declaration** (*both* of the following)**:**
	+ Self-Declaration of Homelessness form **AND**
	+ Written explanation by staff of attempts to secure third party verification
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| **EMERGENCY SHELTER or SAFE HAVEN** | * **Written Third Party** (one or more of the following)**:**
	+ HMIS record of shelter stay
	+ Homelessness Certification form
	+ Signed letter on letterhead from an emergency shelter provider

**OR*** **Self-Declaration** (*both* of the following)**:**
	+ Self-Declaration of Homelessness form **AND**
	+ Written explanation by staff of attempts to secure third party verification
 |
| **HOSPITAL OR OTHER INSTITUTION**If the client’s stay was less than 90 days or less and was in shelteror on the streets prior to admission, this is part of the occasion of homelessness. If the client’s stay 90 days or more, this is a break. | * **Written Third Party:**
	+ Letter or discharge paperwork from hospital or other institution, including admission and discharge dates, or
	+ Oral referral documented by the intake worker, including admission and discharge dates

***AND*, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client’s housing status immediately prior to the stay in the institution:****OR*** **Self-Declaration** (*both* of the following)**:**
	+ Self-Declaration of Homelessness form **AND**
	+ Written explanation by staff of attempts to secure third party verification
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| **HOUSED** | * **Written Third Party** (one or more of the following)**:**
	+ Copy of the lease in the Head of Household’s name
	+ Letter from the landlord or property owner
	+ Letter from the lease holder
	+ Other written, third-party documentation

**OR*** **Self-Declaration – can be 100%** (*both* of the following)**:**
	+ Self-Declaration of Homelessness form **AND**
	+ Written explanation by staff of attempts to secure third party verification
 |

**IMPORTANT!**

* *A single encounter in a month is sufficient to consider the household homeless for the entire month unless ther is evidence of a break.*
* *If 9 months of homelessness cannot be obtained by third-party documentation, self-certification is required and:*
	+ *You must thoroughly document attempts to obtain 3rd party documentation and why 3rd party documentation was not obtained; and*
	+ *This is limited to rare/extreme cases, and no more than 25% of households served in an operating year.*
* ***Do NOT print this page. This is provided for your reference.***