

Chronic Homelessness Documentation Standards

Documentation Category	Documentation Requirements	Documentation Examples
Homeless Status	<p>One day of documented homelessness in a month is evidence for the entire month unless there is evidence of a break.</p> <p>Follow HUD's preferred order of documentation</p> <ol style="list-style-type: none"> 3rd Party (Source, Written, Oral) Intake Worker Observations Self-Certification <p>At least 75% of households served in an operating year must have:</p> <ul style="list-style-type: none"> At least 9 months of the 12 months documented via 3rd party. Rest can be self-certified. <p>Up to 25% of households served in an operating year may self-certify for up to 12 months as long as:</p> <ul style="list-style-type: none"> Attempts to obtain 3rd-party documentation has been documented AND The reason(s) that documentation was not obtained are documented. 	<p>3rd Party Documentation</p> <ul style="list-style-type: none"> HMIS/comparable database record, or individual record of stay at emergency shelter, safe haven, or from a street outreach contact. Written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living. Written observation by a community member that has physically observed where the person or household was or is currently living (a written referral by another housing/service provider must also be included). <p>2nd Party and 1st Party</p> <p>Intake worker observation</p> <ul style="list-style-type: none"> Written observation by intake worker of only encounter with individual or head of household at the point in which they are seeking assistance (see FAQ: 2758) Self-certification (written) by individual/head of household seeking assistance <ul style="list-style-type: none"> Does not need to be notarized Must be signed by individual/head of household, and Intake worker must still document the living situation of the individual/head of household seeking assistance, and Intake worker must document all steps taken to obtain higher order of priority evidence (staff due diligence).
Breaks Between Occasions of Homelessness (at least 7 consecutive nights)	<p>HUD's preferred order of documentation when possible</p> <p>Note: 100% of breaks can be self-certified</p>	<ul style="list-style-type: none"> HMIS records showing breaks in living in places not meant for human habitation, safe haven, or emergency shelter; <p>OR</p> <ul style="list-style-type: none"> Self-certification stating the details, date, and location of breaks in homelessness
Disability Documentation	Third-Party Documentation only	<ul style="list-style-type: none"> Written verification from a professional licensed by the state to diagnose and treat the identified condition; <p>OR</p> <ul style="list-style-type: none"> Written verification from the Social Security Administration (SSA); OR Receipt of a disability check such as Social Security Disability Insurance (SSDI) or Veteran Disability Compensation Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (a)(4)(i)(B)(1), (2), (3), or (5) in section 24 CFR 578.103

Additional Documentation Parameters:

- Document eligibility at intake/screening
- If self-certification of chronic homelessness is received, HUD recommends that the recipient continue to try to obtain 3rd Party documentation within 180 days of the participant's enrollment in the project. However, breaks in homelessness can be fully documented by self-certification.

Refer to the Chronically Homeless definition under **24 CFR 578.3**

Documentation Type Key

3 rd party	HMIS/Comparable Database Record:	Program Entry/Exit for Shelters, Safe Havens, or Current Living Situations (formerly known as "outreach contacts")
3 rd party	Homeless Observation Verification Refer to the Homeless Observation Documentation Guidance page for more information	Document current and/or prior physical observations of unsheltered homelessness. To be completed by <i>appropriate parties</i> (e.g. Outreach worker, intake worker, community member (e.g. shopkeeper, building owner, or a neighborhood resident regardless of relationship with the household <u>and</u> a written referral by another housing/service provider). Where an intake worker's only encounter with the individual or head of household is at the current point in which they are seeking assistance, the intake worker's observation will not qualify as third-party documentation. Instead, this would qualify as the second order or priority for written intake procedures and would not count towards the requirement that at least 9 months of the individual or head of household's period of homelessness be documented based on third-party documentation.
3 rd Party:	Referral from Housing/Service Provider	Verifies shelter, safe haven, or place not meant for human habitation stays. HUD considers other housing or service providers to include members of law enforcement, a healthcare professional within the community, an educator, or another person who has encountered the individual or head of household while in their official capacity and not simply as a member of the community. (e.g. A healthcare professional has been treating the individual or head of household in their office for the last six months but the individual or head of household has only been there four times during that time period. On those four visits, the individual or head of household stated to the healthcare professional that they were residing in a place not meant for human habitation. The healthcare professional can provide a written or oral statement detailing that to the best of their knowledge and based on their professional judgment, the individual or head of household had been residing in a place not meant for human habitation at the time of each of the four appointments. he written or oral statement must include the dates in which the healthcare professional met with the individual or head of household and why they believe the person was residing in a place not meant for human habitation. The healthcare professional cannot qualify as a third-party source for months in which they did not personally encounter the individual or head of household.
3 rd Party	Third-Party Oral Verification	Includes details on qualifying homeless status and duration, date oral verification was obtained, method of verification (over the phone or in person), and relevant third-party verifier.
3 rd party	<u>Institutional Stay</u> Paperwork/Documentation:	Discharge paperwork or written/oral referral from a social worker, case manager, or other appropriate official of qualifying institution stays include hospital stays, incarceration, residential treatment stays, (less than 90 and literally homeless prior to institutional stay).
2 nd Party	Intake Worker Observation	If an intake worker's only encounter with the individual or head of household is at the current point in which they are seeking assistance, the intake worker's observation will not qualify as third-party documentation and won't count towards the requirement for 9 months of 3 rd party documentation.
1 st Party	Chronically Homeless Self Certification	Applicant certifies current and prior homeless history (MUST also include and Staff Due Diligence section of the form)

HUD Recordkeeping FAQ's

[FAQ ID: 2753](#) Can an individual or head of household be considered chronically homeless if they are coming directly from an institution? Why or why not?

[FAQ ID: 2757](#) How can a record from HMIS or a comparable database count as documentation of homelessness?

[FAQ ID: 2758](#) How can encounters with the individual or head of household by the outreach worker or intake worker be documented so that it is considered third-party documentation?

[FAQ ID: 2759](#) Can a community member, such as a shopkeeper or neighborhood resident, verify homelessness?

[FAQ ID: 2760](#) Can housing or service providers such as emergency shelter staff, members of law enforcement, or healthcare professionals verify homelessness?

[FAQ ID: 2762](#) How can recipients and subrecipients document stay in institutions of fewer than 90 days with regard to the recordkeeping requirements that were established in the final rule on the definition of chronically homeless?

[FAQ ID: 2872](#)- For many persons experiencing chronic homelessness, obtaining required third-party documentation can take a long period of time. Are recipients of PSH required to have all third-party documentation at the point of intake and enrollment of a program participant into a project?

Chronic Homelessness Verification

This document may be used to analyze whether or not an individual or family meets the definition of chronic homelessness. Documentation must be attached to verify eligibility.

Applicant Name: _____ **HMIS ID:** _____

- ☐ Individual without dependent children
- ☐ Household with dependent children Number of persons in the household: _____
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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:

Part I: Homeless individual with a disability

- ☐ Disability Certification Form (written verification from a professional license by the state to diagnose and treat the disability)
- ☐ Written verification from the Social Security Administration
- ☐ The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation)
- ☐ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in [paragraph \(a\)\(4\)\(i\)\(B\)\(1\), \(2\), \(3\), or \(5\)](#) of section 24 CFR 578.103.

Part II: Currently Literally Homeless (limited to the following situations)

- ☐ In Emergency Shelter
- ☐ Place not Meant for Human Habitation
- ☐ In a Safe Haven
- ☐ In an Institutional Care Facility (Where they have been for fewer than 90 days and was living in a place not meant for human habitation or in an emergency shelter prior to entry to the facility)

Qualifying program transfer: applicant was living in a location as described above upon original project entry

Part III: Evidence of Long-Term Homelessness

- ☐ has been homeless and living as described above continuously for at least 12 months **or**
- ☐ Lived as described above on at least 4 separate occasions in the last 3 years, where the combined occasions equal at least 12 months and each break in homelessness lasted at least 7 nights

**Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

Special Circumstances: Rapid Re-Housing (RRH): Participants assisted with RRH through such sources as CoC, Emergency Solutions Grant (ESG), Supportive Services for Veteran Families (SSVF), or Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their chronic homeless status, and therefore could be enrolled from RRH into PSH. PSH Transfers: Once an eligible household is placed in PSH, they do not retain their homeless or chronically homeless status. However, CoC PSH projects may serve individuals and families from other PSH projects as long as the participants originally met the eligibility requirements for PSH. They may transfer from one PSH program to another CoC Program. This also includes emergency transfer (Category 4) applicants. Applicants must also meet all other eligibility criteria for the program.

Homeless and Housing History

See instruction guide page for further guidance

Review Period is (start date)

through (End Date/ Current Month)

Must record each qualifying month or break being certified from the most current homeless episode.

Month	Year	Description of Location of Stay (Streets, Shelter, Safe Haven, Institutional Stay, Break type) (Homeless type or Break in homelessness)	Documentation Type	Documented? (breaks can be fully self-reported)
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
Total Months Homeless:		Notes: (Provide any additional information. For example, if applicant is a transfer provide information regarding initial enrollment date from transferring program)		

Applicant Certification:

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 canceled or denied, or termination of assistance.

Applicant Name (Printed):	Applicant Signature:	Signature Date:
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Staff Certification

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

Staff Name (Printed):	Staff Signature:	Signature Date:
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