

Homeless Verification Checklist (For non-PSH programs)

This document is to be used as a tool by non-PSH programs to track homeless eligibility requirements were met and confirm what documents were obtained for verification purposed as outlined under the CoC program interim rule (24 CFR 578). Note: **Written third-party documentation is always preferred to certify homelessness**

Applicant Name:	HMIS ID:	Intake Date:
Current Residence (Prior to Project Entry):	Intake Worker Name:	Program Name:

Category 1 (select 1)	Category 2 (all must apply)	Category 4 (all must apply)
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> ES, SH, Hotel/Motel paid for by charitable organization/federal/state/local programs <input type="checkbox"/> Transitional Housing for Homeless Persons <input type="checkbox"/> Exiting an institution where (s)he they resided for 90 days or less and resided in an ES or place not meant for human habitation immediately before entering that institution	<input type="checkbox"/> An individual or family who will imminently lose their primary nighttime residence provided that residence will be lost within 14 days of the date of application for homeless assistance; <input type="checkbox"/> No subsequent residence has been identified; and <input type="checkbox"/> The individual or family lacks the resources or support networks needed to obtain other permanent housing	Any individual or family is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, has no other residence; and Lacks the resources or support networks to obtain other permanent housing

Category 1: Documentation (Check box for at least one of the following)

<input type="checkbox"/> HMIS/Comparable Database record of an outreach contact or single record of a stay in an ES, TH, Safe Haven, or Hotel/Motel Voucher Program.
<input type="checkbox"/> Signed letter on agency letterhead from a housing or service provider
<input type="checkbox"/> Homeless Observation Verification Form or Third-Party Homeless Verification Form
<input type="checkbox"/> Third-Party Oral Verification
<input type="checkbox"/> Discharge paperwork from an institution with admission and discharge dates
<input type="checkbox"/> 2nd Party Intake Worker Observation Form and Staff Due Diligence Documentation
<input type="checkbox"/> Self Certification of Homelessness Form and Staff Due Diligence Documentation

Category 2 Documentation (Check box for Imminent Risk of Homelessness Certification Form plus all documentation required based on condition)

<input type="checkbox"/> Imminent Risk of Homelessness Certification (Use this form to certify under category 2 and attach corresponding documentation)
Check <u>one</u> box for documentation obtained under condition 1a 1b, or 1c <u>and</u> check box for client self certification
Condition 1a: Court order resulting from an eviction notice or equivalent, or formal eviction notice (must support housing loss within 14 days of application) Condition 1b: For clients in hotels/motels not falling under Category 1, evidence that the household lacks the financial resources necessary to stay for more than 14 days. Conditiona 1c: A documented and verified oral statement and
Client Self Certification that no subsequent residence has been identified and self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing

Category 4 Documentation (Based on the type of provider providing the homeless assistance)

For victim service providers - Self Certification or certification by the intake worker that the individual or head of household is experiencing trauma or a lack of safety related to fleeing or attempting to flee, has no subsequent residence, and lacks resources and support networks to obtain permanent housing).
For non-victim service providers - Self Certification or certification by the intake worker that the individual or head of household is fleeing, has no subsequent residence, and lacks resources and support networks to obtain permanent housing) and where the safety of the individual is not jeopardized, the oral statement must be verified via a third-party source (Include 3rd party verification or case file note stating client safety concerns with obtain third party verification.