



**CoC Program Homeless Definitions, Evidence Priority Levels,
and Recordkeeping Requirements**

CRITERIA FOR DEFINING HOMELESS		
CATEGORY 1	<i>Literally Homeless</i>	<p>1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (ii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution <p><i>Note: Applicants must meet at least one (i-iii)</i></p>
CATEGORY 2	<i>Imminent Risk of Homelessness</i>	<p>2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing <p><i>Note: Applicants must meet all (i-iii)</i></p>
CATEGORY 3	<i>Homeless under other Federal Statutes</i>	<p>3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers <p><i>Note: Applicants must meet all (i-iii)</i></p>
CATEGORY 4	<i>Fleeing/Attempting to Flee DV</i>	<p>3) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, <i>e.g.</i>, family, friends, faith-based or other social networks, to obtain other permanent housing. <p><i>Note: Applicants must meet all (i-iii)</i></p>

<p>Chronically Homeless</p> <p><i>*Use Chronic Homelessness Documentation Form</i></p>	<p>A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:</p> <ul style="list-style-type: none"> (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). 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; <p>(2) An individual who 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 met all of the criteria in paragraph (1) of this definition, before entering that facility; or</p> <p>(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.</p>
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ORDER OF PRIORITY FOR OBTAINING EVIDENCE

Tip: Have intake staff check for existing document first – e.g., HMIS records or discharge paperwork.

<p>Priority Level 1</p>	<p>Obtaining Third Party documentation- Written including already available documents or recorded Third-Party Oral Statements recorded by intake staff must be signed and dated as true and complete.</p> <p>Documentation from HMIS/Comparable database documentation (must be in client record)</p> <ul style="list-style-type: none"> ○ Records must show entries at shelters <ul style="list-style-type: none"> ● Written observation by an outreach worker <p align="center">OR</p> <ul style="list-style-type: none"> ● Written referral by another housing provider or service providers that states “client’s homeless status” in the referral (record of official communication on agency stationary or program template) ● Documentation from Institutions like hospitals, correctional facilities, etc. (Ex: discharge paperwork that includes hospital/correction facility letterhead). <ul style="list-style-type: none"> ○ Must include records about the length of stay signed by a clinician or other appropriate staff.
<p>Priority Level 2</p>	<p>Intake Worker Observation- Intake staff noted on their observations and assessments are signed and dated by intake staff as true and complete</p>
<p>Priority Level 3</p>	<p>Self-Certification from the person seeking homeless assistance</p> <ul style="list-style-type: none"> ● Utilize <i>Self Certification of Homelessness Status Form</i>- Documenting current living situation prior to project entry. <ul style="list-style-type: none"> ○ Must include details of place not meant for habitation location (cross streets etc.) and address ○ Must provide name of shelter and address ○ Must provide name of hotel/motel and address. Must also state what entity is paying for the hotel/motel stay. ○ Must provide name of Safe Haven and address ○ Must provide name of transitional housing project and address ○ Certification must confirm all conditions met under HUD category 4.
<p>Recording Intake Staff Efforts (Due Diligence- Describe efforts to obtain Third-party documentation- may include phone logs, email correspondences, copies of certified letter etc.</p>	

HOMELESS VERIFICATION RECORKEEPING REQUIREMENTS		
<p>CATEGORY 1</p>	<p><i>Literally Homeless</i></p>	<ul style="list-style-type: none"> • Written observation by outreach worker via <i>Observation of Homeless Status Form</i>; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution-one of the forms of evidence above and: <ul style="list-style-type: none"> ○ Discharge paperwork or written/oral referral, or ○ Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited the institution
<p>CATEGORY 2</p>	<p><i>Imminent Risk of Homelessness</i></p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel-evidence that they lack the financial resources to stay <u>or</u> • A documented and verified oral statement; and • 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
<p>CATEGORY 3</p>	<p><i>Homeless under other Federal Statutes</i></p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and • Certification of no PH in last 60 days; and • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and • Documentation of special needs <u>or</u> 2 or more barriers
<p>CATEGORY 4</p>	<p>Fleeing/Attempting to Flee DV</p>	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and ○ Certification by the individual or head of household that no subsequent residence has been identified; and ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.