

## Dedicated PLUS Verification Packet

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| <b>Date associated with this Verification Packet:</b>                      |  |
| <b>Name of Program Applicant:</b>  |  |
| <b>Date of Birth:</b>  |  |
| <b>Agency Contact</b> (Person who can answer questions about this packet): |  |
| <b>Agency Name:</b>  |  |
| <b>Phone of Agency Contact:</b>  |  |
| <b>Email of Agency Contact:</b>  |  |

### Dedicated PLUS Homelessness Category

(Pick One: Check the box for the Dedicated PLUS category that the client is attempting to qualify under and attached required supporting documentation)

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|--|
| <input type="checkbox"/> Category 1: Chronically Homeless [Attach: homelessness history form and supporting documentation]   |
| <input type="checkbox"/> Category 2: In Transitional Housing (TH) that is being eliminated & chronically homeless at TH entry [Attach: TH program enrollment record, documentation of chronic homelessness at TH entry, and letter certifying program closure]   |
| <input type="checkbox"/> Category 3: Currently homeless, was admitted and enrolled in PSH within last year, was unable to maintain housing, and was chronically homeless at time of entrance into PSH [Attach: PSH program exit record dated within the last year, and documentation of chronic homelessness at PSH Entry] |
| <input type="checkbox"/> Category 4: In Joint TH-RRH project & chronically homeless at TH entry [Attach: Joint TH-RRH program enrollment record, and documentation of chronic homelessness at Joint TH-RRH entry]  |
| <input type="checkbox"/> Category 5: Is homeless, in safe haven, or in emergency shelter for at least 12 months in the last three years but has not done so on four separate occasions [Attach: Homelessness History Form and supporting documentation]  |
| <input type="checkbox"/> Category 6: Receiving assistance through a VA funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system. [Attach: VA Homelessness Verification Form]  |

### Verification of Disability

(Pick One: Check the box to indicate the type of disability verification that is attached to this packet)

*Third Party documentation is required at the time of application. Any of the sources below can be used to fulfill the Third-Party documentation requirement. For Categories 2, 3, 4, or 6, this section may be satisfied by attaching the verification of disability that was used to qualify for the original project enrollment.*

|  |
|--|
| <input type="checkbox"/> Written verification of the disability from a licensed professional [Attach: Verification of Disability Form]   |
| <input type="checkbox"/> Written verification from the Social Security Administration [Attach: Document from Social Security Administration with individual's name and verification of disability status, such as receipt of disability benefits]; |
| <input type="checkbox"/> The receipt of a disability check; or   |
| <input type="checkbox"/> Intake staff-recorded observation of disability, no later than 45 days from the application for assistance, accompanied by supporting evidence.   |

## ***Dedicated PLUS Homeless History Form***

**Verification of Current Homelessness** (Pick One: Check the box for the type of current homelessness verification attached.)

### **Part 1: Current Housing Status**

**Client is currently residing:**

- In Emergency Shelter
- On the Streets/Place not Meant for Human Habitation
- In the Safe Haven
- In the Transitional Housing (TH) that is being eliminated & chronically homeless at TH entry [Attach: TH program enrollment record, documentation of chronic homelessness at TH entry, and letter certifying program closure]
- In Joint TH-RRH project & chronically homeless at TH entry [Attach: Joint TH-RRH program enrollment record, and documentation of chronic homelessness at Joint TH-RRH entry]
- In an Institutional Care Facility (Where they have been for fewer than 90 days) **and the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately prior to entering the institutional care facility. (Proof of prior homeless status must be documented).**

**Part 2: Housing History- Continuously Homeless for last 12 months or in last 3 years 4 separate homeless episodes totaling 12 months**

|  | Month # 1   | Month # 2  | Month # 3  | Month # 4  | Month # 5  | Month # 6  | Month # 7  | Month # 8  | Month # 9  | Month # 10   | Month # 11   | Month # 12   |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Mo./Yr.</b>   | (Current month)   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Location</b><br><i>Check all that Apply</i>                       | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)  | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   | <input type="checkbox"/> Streets<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Safe Haven<br><input type="checkbox"/> Inst. (<90 days)   |
| <b>Doc. Type</b><br><i>Check One (Except Self-Cert. select both)</i> | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence  | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS<br><input type="checkbox"/> Obsv. By Outreach<br><input type="checkbox"/> Comp. Database<br><input type="checkbox"/> Discharge Paperwork<br><input type="checkbox"/> Referral<br><input type="checkbox"/> Self-Cert. of Situation<br><input type="checkbox"/> Staff Doc. of Situation<br><input type="checkbox"/> Doc. of steps to obtain evidence |
| <b>Doc. Att.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>How to Document Homelessness by Month.</b>                        | <p>Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., an encounter on May 5, 2015, counts for May 1 - May 31, 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing). 24 CFR 578.103(a)(4)(iii)(A)</p> |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Break Mo./Yr. &amp; Description or N/A</b>                        | <p><b>Break 1:</b></p> <p><b>Break 2:</b></p> <p><b>Break 3:</b></p> <p>If there are additional breaks please detail and attach. <b>Note:</b> Breaks consist of “at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented with the evidence”. 24 CFR 578.103(a)(4)(iii)(B). Documentation of breaks in homelessness between separate occasions, may be documented entirely based on a self-report by the individual seeking assistance.</p>   |  |  |  |  |  |  |  |  |  |  |  |  |

| Part 2: Housing History- Continued |   |
|------------------------------------|---|
| Notes                              |   |
| Self-Cert. Check                   | <p>Does the documentation include more than 3 Months of Self-Certifications? *    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>* Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified.</i></p> |
| Key                                | <p><i>Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification</i></p>  |

**Part 4: Staff and Client Certifications**

**Client 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 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.*

|                               |                          |              |
|-------------------------------|--------------------------|--------------|
| <b>Client Name: (Printed)</b> | <b>Client Signature:</b> | <b>Date:</b> |
|-------------------------------|--------------------------|--------------|

**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.*

|                              |                         |              |
|------------------------------|-------------------------|--------------|
| <b>Staff Name: (Printed)</b> | <b>Staff Signature:</b> | <b>Date:</b> |
|------------------------------|-------------------------|--------------|

|                    |                |
|--------------------|----------------|
| <b>Staff Role:</b> | <b>Agency:</b> |
|--------------------|----------------|

|              |  |
|--------------|--|
| <b>Notes</b> |  |
|--------------|--|