



HOMELESS CERTIFICATION FORM

Applicant Name and Unique Identifier: _____

Staff Member Name: _____

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently either literally or imminently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet.

CHRONIC HOMELESS CERTIFICATION

***Agency must select "Yes" if household meets the following criteria**

Individual or family is literally homeless and has third-party, intake worker, or household documentation of the following:

Has been homeless for at least one year continuously or on at least four separate occasions in the last three years, **where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total)** in a place not meant for human habitation, a safe haven, or an emergency shelter; **and**

Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

CHRONICALLY HOMELESS: Yes* No

GENERAL HOMELESS CERTIFICATION

Complete with information on the primary cause of homelessness

	Homeless Status	Type of Eligible Documentation	Documentation/Eligibility
LITERAL HOMELESSNESS (RAPID RE-HOUSING ELIGIBLE)			
<input type="checkbox"/>	Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Persons living in a shelter designed to provide temporary living arrangements - congregate/scattered site emergency shelters - transitional housing - hotels/motels paid for by a charitable organization or government program	<ul style="list-style-type: none"> HMIS shelter record Written referral from previous shelter staff Written referral from charitable organization or government program 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Persons exiting an institution	<ul style="list-style-type: none"> HMIS shelter record 	



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	where they resided for 90 days or less and resided in a place not meant for human habitation immediately before entering institution	<ul style="list-style-type: none"> • Written referral from previous shelter staff • Written referral from institution 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Persons fleeing domestic violence. *Must meet one of the homeless status categories listed above*	<ul style="list-style-type: none"> • Written, signed and dated verification from the participant • Written, signed and dated verification from the domestic violence service provider. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMMINENT RISK OF HOMELESSNESS (PREVENTION/DIVERSION ELIGIBLE)			
<input type="checkbox"/>	Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances - No appropriate subsequent housing options have been identified - Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing	<ul style="list-style-type: none"> • Documentation of efforts to divert from homelessness (contact with prevention provider)—Notate in case file • Eviction letter from tenant/homeowner (If living with another, i.e. doubled up) • Letter from hotel/motel manager and cancelled checks to verify costs covered by the participant • Court order/eviction notice 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/>	Persons fleeing domestic violence *Must also be imminently homeless*	<ul style="list-style-type: none"> • Written, signed and dated verification from the participant • Written, signed and dated verification from the domestic violence service provider. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Documentation of attempts to obtain third party verification (required): <i>Third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.</i></p> <p>Self Declaration of Homelessness: <i>Self declaration is only permitted when third party verification cannot be obtained.</i></p>			

Participant Signature: _____ Date: _____

Form Completed By: _____

Staff Signature: _____ Date: _____