

CoC Program Participant Homelessness Verification Form

PART 1: INSTRUCTIONS

- Complete all fields in Part 2
- Attach all supporting documents to this form
- Complete all relevant fields in Part 3
- Maintain this form & supporting documents in participant's file

See Part 4 for Detailed Instructions & Part 5 for a Quick Guide to Eligibility.

NOTE: This document is not intended for use by YHDP projects. The Youth Homeless Verification Form and other youth-specific materials can be located here: <http://www.ctbos.org/youth/>

PART 2: GENERAL INFORMATION

Participant Name:	Participant Date of Birth:	Participant HMIS #:
Person Completing Form:	Agency Completing:	Date Form Completed:
Email & Phone Number for Person Completing Form:		
Email:	Phone #:	
CoC Program for which Homelessness is Being Certified:	CoC Program Type: (Check One)	CoC Project Entry Date:
	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH	

PART 3: CURRENT HOMELESS STATUS

Homeless Status (Check One HUD Category - See Part 4 for documentation requirements)

☐ **HUD Category 1: Literally Homeless**

If Category 1, also check one eligible location prior to program entry:

- ☐ Unsheltered
- ☐ Emergency Shelter (ES)/Safe Haven (SH)
- ☐ Hotel/Motel Paid by Govt or Charity
- ☐ Transitional Housing (TH) for people experiencing homelessness
- ☐ Joint TH/Rapid Rehousing for people experiencing homelessness
- ☐ Institution < 90 days & sleeping in emergency shelter, safe haven, unsheltered, or hotel or motel paid by government or charity prior to entry.

☐ **HUD Category 4: Fleeing/Attempting to Flee DV**

Individual or family is fleeing or attempting to flee domestic violence, dating violence, stalking, or human trafficking, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

Documentation up to Project Entry Date

HUD requires **documentation of homelessness up until the project entry date**, (i.e., the date on which the project offers and the participant accepts project enrollment, which may precede the date on which the participant is housed).

- ☐ **Check here to certify that no gap between the initial completion of this form and the project entry date exists or documentation of homelessness up until the project entry date has been obtained.**

Dedicated Plus Status

Is this participant qualified as DedicatedPLUS? (**See Homeless History**) ☐ YES ☐ NO

Is this participant being qualified for transitional housing (TH) for disabled? ☐ YES ☐ NO

If yes, to either of the above, Disability Verification must be completed.

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Homeless History – INSTRUCTIONS:

Provide the information below about locations where the applicant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7-night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as **DedicatedPLUS** you must document:

- **Chronic Homelessness:** at least 12 consecutive months of qualified homelessness OR at least 4 separate occasions within the last three years provided that the total time homeless during those occasions equals at least twelve months AND disabled individual or head of household; OR
- Residing in a **Transitional Housing (TH)** project that will be eliminated and was chronically homeless when entered TH project (some PSH projects awarded in 2019 may have a waiver of the elimination criterion); OR
- Residing in Emergency Shelter (ES), Safe Haven (SH) or unsheltered location and had been enrolled in a PSH or RRH project (having met CH criteria upon entering) within last year, but was **unable to maintain housing placement:** OR
- Residing in **TH funded by a Joint TH and PH-RRH** component project and who were experiencing chronic homelessness prior to entering the project; OR
- Residing in ES, SH or unsheltered location for at least 12 months in the last three years, but **has not done so on four separate occasions** and disabled individual or head of household; OR
- Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and **met one of the above criteria** at initial intake to the VA's homeless assistance system.

Required Documentation Must Be Attached - For more details, see Part 5.

Homeless History – EXAMPLE (project entry date 1/3/2021)

Program Name or Location		Program/Location Type	Start Date	End Date	Length of Stay	Occasion #
SAMPLE	Gateway Park	Unsheltered	8/29/19	12/23/19	Aug-Dec: 5 months	Occasion #1
	Sister's House	Housed	12/24/19	1/2/20	10 days = break	Not Homeless
	Project Home	Emergency Shelter	1/3/20	1/10/20	January: 1 month	Occasion #2
	Gateway Park	Unsheltered	1/11/20	2/2/20	February: 1 month	
	Valley Hospital	Institutional Stay < 90 days	2/3/20	4/15/20	March-April : 2 months	
	Hope House	Residential Rehab > 90 days	4/16/20	8/30/20	4+months=break	Not Homeless
	Project Home	Emergency Shelter	8/31/20	1/2/21	Aug-Jan: 6 months	Occasion #3
	Floyd House	PSH	1/3/21	Present		
	TOTAL:				15 months	3 Occasions

HUD Homelessness Determination: **(Check One)**

- ☐ Not Homeless Under HUD Definition
- ☒ Homeless Under HUD Definition: **(If homeless also check all that apply)**
- ☒ DedicatedPLUS
- ☐ Chronic **(Chronic also qualifies as DedicatedPLUS)**
- ☐ Neither Dedicated Plus nor Chronic

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Homeless History – ENTER PARTICIPANT INFO BELOW

(See Instructions on page 2 – Insert Rows as needed)

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #
TOTAL:				# MONTHS:	# OCCASIONS:

Initial HUD Homelessness Determination: *(Complete Prior to CAN referral to project - Check One)*

- ☐ Not Homeless Under HUD Definition
- ☐ Homeless Under HUD Definition: *(If homeless also check all that apply)*
- ☐ DedicatedPLUS
- ☐ Chronic *(Chronic also qualifies and DedicatedPLUS)*
- ☐ Neither Dedicated Plus nor Chronic

Signature of Person Completing Initial Determination:	Certification:	Date Certified:
	<input type="checkbox"/> CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED.	

Final HUD Homelessness Determination: *(Complete Immediately Prior to Project Entry - Check One)*

- ☐ Not Homeless Under HUD Definition
- ☐ Homeless Under HUD Definition: *(If homeless also check all that apply)*
- ☐ DedicatedPLUS
- ☐ Chronic *(Chronic also qualifies and DedicatedPLUS)*
- ☐ Neither Dedicated Plus nor Chronic

Signature of Person Completing Final Determination:	Certification:	Project Entry Date:	Date Certified:
	<input type="checkbox"/> CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED.		