

Participant Name:

SSN:

Type of Homelessness Documentation: Check the appropriate type of documentation used to verify homelessness and attach it to this form (See *HUD Eligibility Guide* for more details). Is the participant **CHRONICALLY HOMELESS?** Yes No
To be determined through further assessment

A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has **EITHER been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years.** To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) **AND/OR** in an emergency homeless shelter during that time.

Homeless Status	Type of Documentation	Documentation Attached
Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third party regarding the participant's whereabouts, and, then sign and date the statement. (If chronically homeless, provide documentation of 1) duration of one year or more or 2) 4 episodes in past three years). Provide Disability documentation (see below).	
Persons coming from an emergency shelter for homeless persons	Written referral from the agency. (If chronically homeless, provide documentation of 1) duration of one year or more or 2) 4 episodes in past three years). Provide Disability documentation (see below).	
Persons coming from transitional housing for homeless persons	Written verifications to include program residency and homeless status prior to program entry.	
Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on street, and either documentation of formal eviction proceedings or statement from family evicting participant.	
Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less than 31 days; and information on the previous living situation.	
Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of receiving homeless assistance AND documentation of income, efforts to obtain housing, and why person would be homeless without assistance.	
Persons fleeing domestic violence	Written, signed, and dated verification from the participant.	

PERMANENT HOUSING AND/OR CHRONICALLY HOMELESS ONLY	Either 1) written verification of disability from a qualified source (such as a physician, psychiatrist or other certified/licensed mentalhealth professional) or 2) documentation of SSI benefits.
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Details of the client's situation:

Signature:

Title:

Date: