### Chronically Homeless Qualification Checklist

**Instructions:** This suggested checklist may be used as a guide for staff of a program serving chronically homeless persons to assure that participants meet program regulation eligibility. It should be accompanied by supporting documentation of both disability and homelessness. Together, these documents must be maintained in the client’s file.

Client Name: ______________________________

HUD defines a Chronically Homeless person as: an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with:

**Part I. A Disabling Condition. Check appropriate box(es):**

- [ ] A diagnosable substance abuse disorder
- [ ] A serious mental illness
- [ ] A developmental disability
- [ ] A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Part I is supported by a letter from a medical professional attesting to the presence of the condition.

- [ ] Yes
- [ ] No

**Part II. Chronically Homelessness Status. Check ONE:**

- [ ] Has been continuously homeless for a year or more.
  
  *(HUD defines “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)*

- [ ] Has had four (4) episodes of homelessness in the last three (3) years.
  
  *(HUD defines “homelessness” as “sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter.)*

Part II is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following: *Check ALL that apply*

- [ ] Certification letter(s) from an emergency shelter for the homeless.
- [ ] Certification letter(s) from a homeless service provider or outreach worker.
- [ ] Certification letter(s) from any other health or human service provider.
- [ ] Certification Self-Statement signed by the client.

Staff Name: __________________________ Staff Title: __________________________

Organization: __________________________

Signature: __________________________ Date: __________________________
Instructions: This suggested template may be sent to homeless service providers requesting their verification of the chronically homeless status of an individual known to them. This template letter may be copied onto letterhead or recreated with the same content and printed on letterhead.

Date: ____________________

To:
____________________________________
____________________________________
____________________________________

Dear ________________________,

_______________________________ has applied to receive the services of a McKinney-Vento funded program serving chronically homeless persons. To qualify, the homeless person must be determined to be chronically homeless as defined by the U.S. Department of Housing and Urban Development. Please complete this certification and fax it to my attention as soon as possible at the following fax number: (______)__________.

This information will be used for the purpose of determining the chronic homeless status of the above-named homeless person. If you have any questions please do not hesitate to contact me at the following telephone number: (______)__________.

Sincerely,

________________________________________
(Signature)                              I hereby authorize the release of the requested information.

________________________________________
(Title)                                  (Signature of Client)
**Certification**

I certify that ___________________ stayed at _________________________________

(Client’s Name) (Facility/ Program Name)

for the following period of time:

1. between:______/______/______ and :______/______/______  
2. between:______/______/______ and :______/______/______  
3. between:______/______/______ and :______/______/______  
4. between:______/______/______ and :______/______/______

Additional detail about the client’s episodes of homelessness may be written below.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Before coming to this facility, the homeless person resided at ___________________________.

This facility is classified as one of the following types of facilities/programs:

- [ ] Emergency Shelter
- [ ] Transitional Housing
- [ ] Permanent Housing
- [ ] Medical Institution
- [ ] Mental Health Institution
- [ ] Correctional Facility
- [ ] Substance Abuse Facility
- [ ] Other: ___________________________

Signature: ____________________________ Date: _____________________

(Signature of Facility Staff) Phone: _____________________

Title: ____________________________
I certify that I was homeless (that is sleeping in a place not meant for human habitation such as living on the streets) OR living in a homeless emergency shelter during the following period(s) of time:

Between Example: Jan., 2005 and Aug., 2005 I lived at Lifeline Shelter, Cleveland
Between ___________ and ___________ I lived at ___________
Between ___________ and ___________ I lived at ___________
Between ___________ and ___________ I lived at ___________
Between ___________ and ___________ I lived at ___________
Between ___________ and ___________ I lived at ___________

What else would you like to share about your history? For example, “I can not remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”

I certify that the above information is correct.

_________________________   ____________________________  _____________
(Signature of Staff Witness)   (Organization)    (Date)

I reviewed the above statement with the client.

_________________________   ____________________________  _____________
(Signature of Staff Witness)   (Organization)    (Date)
**Instructions:** This Homelessness History Summary provides a suggested timeline to be used by grantees who receive funds for programs targeted to chronically homeless persons. It may be used to analyze whether or not the chronology of a homeless person’s history meets the time frame for the definition of chronic homelessness.

Client: ________________________________

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Whereabouts</th>
<th>Documented?</th>
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<tbody>
<tr>
<td>Example: Jan. 1, 2005</td>
<td>Aug. 5, 2005</td>
<td>Lifeline Shelter, Cleveland</td>
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<td>Yes / No</td>
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</tbody>
</table>

This summary indicates that the client: ____ is chronically homeless  ____ is not chronically homeless.

Staff Name: ____________________________________ Staff Title: ____________

Organization: ________________________ Date: ____________