

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: _____

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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)

(Title)

I hereby authorize the release of the requested information.

(Signature of Client)

Chronically Homeless History Summary

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: _____

Time Period		Whereabouts	Documented?
<i>Example: Jan. 1, 2005</i>	<i>Aug. 5, 2005</i>	<i>Lifeline Shelter, Cleveland</i>	Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

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

Staff Name: _____ Staff Title: _____

Organization: _____ Date: _____