

## **Santa Clara County Continuum of Care Chronic Homelessness Documentation Checklist**

*An individual is defined by HUD as “Chronically Homeless” if they have a disability and are residing and have resided in in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above-mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).*

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staff Name:</b>	

### **Part 1: Current Housing Status and Long-Term Homelessness**

1. Is the HOH currently homeless, staying on the streets or in a shelter?  
 Yes (go to question 3)     No (ask the next question)
  
2. Has the HOH been residing in an institutional care facility for fewer than 90 days?  
 Yes (go to question 3)     No (**STOP**, household not eligible for this program)
  
3. Has the HOH been continuously homeless on the streets or in shelters for 1 year or longer?  
 Yes (continue with the timeline on page 3)     No (ask the next question)
  
4. Has the HOH experienced 4 or more occasions of streets/shelters homelessness totaling 12+ months in the past 3 years?  
 Yes (continue with the timeline on page 3)     No (**STOP**, household not eligible for this program)

<b>Start Date:</b> _____	<b>End Date:</b> _____
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**Current Housing Location Name/Address:**

**Current Housing Status Notes:**

## Part 2: Disability Status

*The term 'homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has one or more of the following:*

1. Physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that meets all of the following criteria:
  - a. Is expected to be of long-continuing or indefinite duration, and
  - b. Substantially impedes the individual's ability to live independently, and
  - c. Could be improved by the provision of more suitable housing conditions
2. Developmental Disability – a severe, chronic disability that:
  - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the individual attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitations in three or more of the following areas of major life activity:
    - i. Self-care,
    - ii. Receptive and expressive language,
    - iii. Learning,
    - iv. Mobility,
    - v. Self-direction,
    - vi. Capacity for independent living,
    - vii. Economic self-sufficiency; AND
  - e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated
3. HIV or AIDS

Does the HOH have a disability, as defined above?

- Yes     No (**STOP**, household not eligible for this program)

The head of household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- HIV/AIDS
- Other:

Documentation Attached:

- Written verification of the disability from a professional licensed by the State of California to diagnose and treat the disability documented (Form D) dated within the time frame that the individual was homeless (i.e., within last 12 months if homelessness was continuous or within the last three years if cumulative);
- Written verification from the Social Security Administration (not subject to date restrictions, but HUD expects intake workers to use their professional judgment when assessing documentation of disability);
- The receipt of a federal disability check (not subject to date restrictions, but HUD expects intake workers to use their professional judgment when assessing documentation of disability); or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

### Part 3: Housing History

	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12	
Mo./Yr.	(Current Month)												
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. <90d
Doc. Type  <i>Check One</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Intake <input type="checkbox"/> Self-Cert.
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Break Mo./Yr. & Descr.  or N/A	Break 1: Break 2: Break 3: Break 4: Break 5: Break 6: If there are additional breaks please detail and attach.
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Notes

Self-Cert. Check Does the documentation include more than 3 Months of Self-Certifications? \*  Yes  No  
 \* Please be advised that if you answered **YES**, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. **Please check with you project administrator to ensure your project has not exceeded its self-certification cap.**

Key Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Cert. = Certification, Descr. = Description  
 Referral = Written referral letter or form, or other certification by a provider in their professional capacity

**Client Certification:**

*To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify \_\_\_\_\_ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

**Client Name: (Printed)****Client Signature:****Date:****Staff Certification:**

*To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.*

**Staff Name: (Printed)****Staff Signature:****Date:****Staff Role:****Agency:****Notes:**

## Required Documentation

### NOTES TO STAFF:

- *You do not need to print this page. This is for your reference.*
- *A single third-party encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.*
- *If third-party documentation cannot be obtained, second- or first-party documentation is required and:*
  - *You must thoroughly document attempts to obtain third-party documentation and why third-party documentation was not obtained.*
- *At least 9 months of homelessness must be verified with third-party documentation, except:*
  - *In rare/extreme cases - **for no more than 25% of households served in an operating year** - more than 9 months may be documented by second- or first-party documentation.*
- *Regardless of any other documentation obtained, you must obtain documentation of homelessness for the night before entry into the program.*

<p><b>STREETS OR OTHER PLACE NOT MEANT FOR HUMAN HABITATION</b></p>	<ul style="list-style-type: none"> <li>• <b>Written Third-Party</b> (one or more of the following): <ul style="list-style-type: none"> <li>○ HMIS record of homeless street outreach contacts</li> <li>○ Homelessness Certification (Form A)</li> <li>○ Observation of Living Conditions (Form B)</li> <li>○ Certification of Homelessness Based on Professional Judgment (Form C)</li> <li>○ Signed letter/form referral from a homeless street outreach provider or referral source</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Written Second-Party</b> (<i>both</i> of the following): <ul style="list-style-type: none"> <li>○ Certification Based on Intake Conversation (Form F) <b>AND</b></li> <li>○ Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Written First-Party</b> (<i>both</i> of the following): <ul style="list-style-type: none"> <li>○ Client Self-Declaration of Homelessness (Form E) <b>AND</b></li> <li>○ Staff Supplement to the Self-Declaration of Homelessness (Form E) describing attempts to secure third party verification</li> </ul> </li> </ul>
<p><b>EMERGENCY SHELTER or SAFE HAVEN</b></p>	<ul style="list-style-type: none"> <li>• <b>Written Third-Party</b> (one or more of the following): <ul style="list-style-type: none"> <li>○ HMIS record of shelter stay</li> <li>○ Homelessness Certification (Form A)</li> <li>○ Observation of Living Conditions (Form B)</li> <li>○ Certification of Homelessness Based on Professional Judgment (Form C)</li> <li>○ Signed letter/form referral from an emergency shelter provider</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Written Second-Party</b> (<i>both</i> of the following): <ul style="list-style-type: none"> <li>○ Certification Based on Intake Conversation (Form F) <b>AND</b></li> <li>○ Staff Supplement to the Certification Based on Intake Conversation (Form F) describing attempts to secure third party verification</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Written First-Party</b> (<i>both</i> of the following): <ul style="list-style-type: none"> <li>○ Client Self-Declaration of Homelessness (Form E) <b>AND</b></li> <li>○ Staff Supplement to the Self-Declaration of Homelessness (Form E) describing attempts to secure third party verification</li> </ul> </li> </ul>

**HOSPITAL OR  
OTHER  
INSTITUTION**

If the client's stay was less than 90 days or less and was in shelter or on the streets prior to admission, this is part of the occasion of homelessness. If the client's stay 90 days or more, this is a break.

- **Written Third-Party** (one of the following):
  - Letter or discharge paperwork from hospital or other institution, including admission and discharge dates, or
  - Oral referral documented by staff including admission and discharge dates

***AND*, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness for the client's housing status immediately prior to the stay in the institution (dated within 14 days prior to institutionalization):**

**OR**

- **Written First-Party** (*both* of the following):
  - Client Self-Declaration of Homelessness (Form E) **AND**
  - Staff Supplement to the Self-Declaration of Homelessness (Form E) describing attempts to secure third party verification