

VERIFICATION OF HOMELESSNESS EMERGENCY SHELTER, HOTEL/MOTEL VOUCHERS, SUPPORTIVE SERVICES ONLY		
Participant Name:	Participant HMIS #:	ESG Project Entry Date:
ESG Program Type for which Homelessness is Being Certified		
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Supportive Services Only	
<input type="checkbox"/> Hotel/Motel Vouchers		

Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

CATEGORY 1: LITERALLY HOMELESS		
Housing Status	Documentation Attached	
<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground)	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)	
<input type="checkbox"/> Living in a shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by a charitable organization or government program)	<input type="checkbox"/> Written referral from previous shelter staff, charitable organization, or government program (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> HMIS shelter record OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)	
<input type="checkbox"/> Exiting an institution where the applicant resided for 90 days or less and resided in a place not meant for human habitation immediately before entering the institution	<i>Documentation must include one item from each column below.</i>	
	Homeless Status Prior to Institution <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)	Institutional Stay Documentation <input type="checkbox"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3 rd priority)

CATEGORY 2: IMMINENT RISK OF HOMELESSNESS	
Housing Status	Documentation Attached
<p><input type="checkbox"/> Will imminently lose primary nighttime residence within 14 days AND No appropriate subsequent housing options have been identified AND Household lacks the financial resources and support networks necessary to obtain immediate housing or remain in existing housing</p>	<p><input type="checkbox"/> Court order resulting from eviction action notifying the individual or family that they must leave AND <input type="checkbox"/> DCA Staff Certification, DCA Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing</p> <p>For applicants living in a hotel/motel paid by applicant</p> <p><input type="checkbox"/> A letter from the hotel/motel manager, or third party oral statement documented on the DCA Staff Certification form, showing that costs are paid by the applicant AND <input type="checkbox"/> DCA Staff Certification, DCA Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing</p> <p><i>Whenever possible, include written documentation showing lack of financial resources (e.g. financial documents, bank statements, etc.).</i></p>

CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE	
Housing Status	Documentation Attached
<p><input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence AND Has no other residence AND Lacks the resources or support networks to obtain other permanent housing</p>	<p><input type="checkbox"/> Completed DCA Staff Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources OR <input type="checkbox"/> Completed DCA Self Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources</p> <p><i>For non-victim service providers, where the safety of the applicant is not jeopardized, oral statements must be verified. Whenever possible, include further written documentation showing lack of financial resources (e.g. financial documents).</i></p>

CHRONIC HOMELESS INFORMATION
<p>Does the individual or head of household meet all of the following criteria:</p> <p><input type="checkbox"/> Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe haven, or an emergency shelter; AND <input type="checkbox"/> Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.</p>

Does the applicant meet both criteria for Chronic Homelessness?

- Yes*
- No

****If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self-Statement of Chronic Homelessness, with any applicable backup documentation.***

Form Completed By: _____ Date: _____