

HUD Chronic Homelessness Documentation

HUD defines a Chronically Homeless Person an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Client Name: _____

Currently in Shelter Currently on the Streets Currently in an Institution

Program Name per Current Living Situation: _____

Current Date of Entry in Emergency Shelter or Institution or Date of Contact/ Enrollment if individual is on the streets. _____

1). Individual has been continuously homeless (living on the streets or in an emergency shelter or some combination of shelter or streets) since (date): _____

Documentation Attached: Yes No Length of Homelessness _____

Eligible documentation includes: printout from CSP showing that individual was continuously in shelter or on the streets for more than a year (preferred) or a signed and dated general certification from an outreach worker (on agency letterhead, signed and dated) verifying that the individual is homeless, indicating the individual's whereabouts and length of time the individual was observed living in places not meant for human habitation (car, park, sidewalk, abandoned buildings, etc.)

Provider (s) documenting: _____

2). Individual has had at least four (4) homeless episodes within the past three (3) year period. A homeless episode refers to time spent either on the street or in shelter for at least seven (7) days. Distinct homeless episodes are separated by at least thirty (30) days. Yes

Documentation Attached: Yes No

Eligible documentation includes: printout from CSP showing that individual had at least four (4) episodes of homelessness in shelter or on the streets per the definition above in the past three (3) years. If the episodes include stays on the street not documented in CSP, a signed and dated general certification from an outreach worker (on agency letterhead) verifying that the individual is homeless, indicating the individual's whereabouts (including zip code) and length of time the individual was observed living in places not meant for human habitation (car, park, sidewalk, abandoned buildings, etc.)

LIST MOST RECENT EPISODE FIRST AND WORK BACK FROM THERE.

Episode 1 Start Date: _____ End Date: _____ LOS _____
 Streets Shelter Streets and Shelter Provider(s) Documenting _____ GAP _____

Episode 2 Start Date: _____ End Date: _____ LOS _____
 Streets Shelter Streets and Shelter Provider(s) Documenting _____ GAP _____

Episode 3 Start Date: _____ End Date: _____ LOS _____
 Streets Shelter Streets and Shelter Provider(s) Documenting _____ GAP _____

Episode 4 Start Date: _____ End Date: _____ LOS _____
 Streets Shelter Streets and Shelter Provider(s) Documenting _____

HUD Chronic Homelessness Documentation

3). Individual currently resides in an institution (hospital, Jail or other) for less than 31 days: Yes

Documentation Attached: Yes No

*Eligible documentation includes: written verification from the institution that the individual has been residing in the institution for less than 31 days (signed, dated and on institution letterhead) **and** documentation of the prior living situation. Individual's prior chronic homelessness status **must** be documented using options 1) or 2) above.*

4). Individual/ household member is currently disabled with one or more of the following conditions (check all that apply): Yes

- Serious Mental Illness Alcohol and/ or other drug addiction
 Prolonged physical health disability or developmental disability

Documentation Attached: Yes No

Eligible documentation includes: A signed Certification of Disability form or a SSDI printout showing proof of receipt of benefits. The Certification of Disability can be signed by physicians and state licensed clinicians. State licensed clinicians must be independently licensed by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board and can include counselors and/ or social workers.

We verify that the information above is true and accurate and that chronic homeless status is met based on one of the options above.

Signature of client: _____

Date: _____

Signature of Caseworker: _____

Caseworker Printed Name: _____

Agency: _____