

Sonoma County Homeless Coalition

Chronic Homelessness Verification Packet Referral Information Applicant First Name: Last Name: Contact Number: Secondary Contact: Date of Birth: Social Security Number: **Coordinated Entry System/Referring Agency Information** Staff Name: ______ Agency: _____ Title:_____ Phone Number: HMIS Status: \square Enrolled in HMIS \square Requested No HMIS Record \square Referral from DV Project **Housing Provider Information/Receiving Referral** Intake Worker:_____ Agency: _____ Title: Phone Number: Email:_____ Packet Start Date: _____ Packet Completion Date: _____ Section 2: Disability Documentation Checklist In order to qualify for Chronic Homeless Status, a person must have a disability that is expected to be of long, continuing, or of indefinite duration, and substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. Qualifying disabilities for HUD projects include the following chronic conditions: Mental Health Disorder, Substance Use Disorder, Co-occurring Mental Health and Substance Use Disorder, Physical Disability, and Developmental Disability. The documentation for disability must be third party and include: Select which of the following is being used to verify disability status at this time and attach all supporting documentation-☐ Written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability is expected to be of a long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; ☐ Written verification from the Social Security Administration; or ☐ The receipt of a disability check.

In the absence of the above noted methods of verification, an observation of a qualifying disability by an agency identified staff person may be used to temporarily verify disability. However, this <u>must be confirmed by one of the above methods within 45 days</u>. This option should be used sparingly. For HUD funded projects, if verification by one of the above mentioned type is not secured within the 45 day period, the funding for that bed would be impacted and may not be paid at all for the duration that the applicant is in the housing.

☐ An agency identified a staff recorded observation of a disability. This must be documented by one of the above means no
later than 45 calendar days from applicant's move-in date.

Note: Observation of a disability may include, but not limited to, directly witnessing any of the following- an apparent physical disability, indicators of a chronic substance use, the presence of a severe mental or emotional impairment, undue paranoia, or significant displays of inappropriate behavior, language, clothing, etc. Medications, prescriptions and medical records for treatment of a disability may also be considered. Some agencies may choose to conduct a more formal needs assessment during which the applicant has the opportunity to report the presence of a qualifying disability or symptoms which include a disability.

Section 3: Time Accumulation Worksheet

In order to qualify for Chronic Homelessness Status, a person must have (A) been continuously homeless for the last twelve months OR (B) has a minimum of 4 occasions of homelessness over the past 3 years, totaling a minimum of 12 months. The applicant must have accumulated at least 12 months of homelessness. Occasions are broken up by "breaks". A break is determined by the person having not been in a place meant for human habitation (a friend's couch, a hotel paid for by applicant, etc.) for a period of at least 7 nights OR in an institutional setting for more than 90 days. Breaks may be documented entirely from self-certification. Stays in places meant for human habitation for less than 7 nights and/or institutional settings for less than 90 days do not count as breaks and can be counted toward the applicant's homeless time accumulation. Select the appropriate category, A or B, below and attach all 3rd party verification, due diligence of attempts to collect 3rd party verification and self-certification forms.

	A.	. The applicant has b	peen continuously homele	ess for the past 12 months.
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■ B. The applicant has had a minimum of 4 occasions of homelessness over the past 3 years totaling a minimum of 12 months with breaks of at least 7 consecutive days between episodes (total breaks must be at least 3).

		Actual Tin	ne Period	Homeless Situation(s) /Provider(s)	Λ	/lethod o	of
		being Documented		Provide brief description of homeless situations	Verification		
Occasion # or break	# of months verified	Start Date	End Date	·	HMIS	3rd Party	Self-Cert.

# of Occasions:	Total Months	Start date of one year continuous period or start date of 3 year period for Chronic Homeless time calculation
homele	ess status. The H	Housing Provider: Chronic Homeless Verification Timeline nould complete the most appropriate of the 2 categories below indicating the applicant's chronic dousing provider is ultimately responsible to collect all of the required documentation needed within the time framed listed below.
ecord of intal ocumentatio	ke worker's due on should be col	entation must be collected within 180 days. If 3 rd party documentation cannot be obtained, a written e diligence to obtain the documentation of the living situation should be included. All disability lected within 45 days of move-in.
	for additional h	nomeless documentation: 45 Deadline for disability documentation:
 100% 75% 25% 	6 of households of households s of households s f my knowledge,	served can use self-certification for 3 or their 12 months. erved need to use 3 rd party documentation for 9 month or their 12 months. erved can use self-certification as documentation for any and all months. 1. Chronic Homelessness Verified the Chronic Homeless Verification Packet is complete, all forms of verification are included within the ets the definition of Chronic homelessness.
		Worker Title:
gency:		
ignature of V	erifying Worker	r: Date:
		2. Applicant Determined Ineligible
Ipon careful i	review, this app	licant does not meet the definition of chronic homelessness based off the following criteria:
	olicant has not e otal 12 months.	experienced 12 continuous months of homelessness nor 4 distinct occasions of homelessness in the pa
		, the applicant has experienced occasions of homelessness in the past 3 years totaling Accumulation Worksheet for further details)
B. The appl	licant has not re	eported nor has staff observed a qualifying disabling condition.
_	the applicant's	Chronic homeless status be further reviewed by the Coordinated Entry System/Referring Agency.
recommend		Worker Title / Agency
	g:	Worker Title/Agency: