

TX BoS CoC PSH Eligibility Documentation Tool

Complete Eligibility Packets should include:

- The appropriate completed forms with all signatures
 - Chronic Homelessness Verification
 - Third-Party Homelessness Verification
 - Self-Certification of Homelessness, if third-party verification cannot be obtained
 - Documentation of Due Diligence, whenever Self-Certification of Homelessness is being utilized
- All supporting documentation establishing homelessness (EX: HMIS records) and disabling condition (EX: SSI/SSDI check)
- Copies of the current state issues ID or driver's license and/or Social Security Card, if possible. Lack of Identification must not be used as a basis for denial from PSH projects funded by the CoC Program.

Instructions for use of This Documentation Tool

Chronic Homeless Verification (p3) (Required)

All households enrolled into a CoC Program-funded PSH Project in the Texas Balance of State Continuum of Care are required to be Chronically Homeless.

- [Chronic Homeless Definition \(1D2 p5\)](#)
- [Chronic Homelessness Flowchart](#)

Chronic homelessness can be challenging to document. This tool is helpful for documenting long periods of homelessness and identifying the required number of episodes to be considered chronically homeless: [Checklist for Documenting Chronic Homelessness](#)

- Each applicant file must contain the Chronic Homelessness Verification.
- Each part must have at least one checkbox selected. In Part 3, multiple disabilities may be selected.
- Users will need to attach additional supporting documentation such as HMIS Records, Third Party Homeless Verifications, or Intake Worker Observations.

Third-Party Homelessness Verification (p4)

The following is HUD's order of preference for homelessness verification: (1) Third-Party Verification, (2) Intake Worker Observation (When intake workers *are not* considered third-parties [CoC FAQ 2758](#)), and (3) Applicant Self-Certification. Only 25% of households enrolled in the project year can have more than 3 months of self-certification. HUD expects every effort is made to obtain third-party verification of homelessness. Examples of third-party verification include:

- An individual record of a stay in an emergency shelter, a safe haven, or from a street outreach contact from an HMIS, or comparable database used by victim service or legal service providers [CoC FAQ 2757](#);
- A written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living;
- A written observation by a community member that has observed where the individual or head of household was living or is currently living [CoC FAQ 2759](#); and
- A written referral by another housing or service provider [CoC FAQ 2760](#).
- It is the sole obligation of the intake worker, to determine if a third-party is reliable. CoC [FAQ 2756](#) & CoC FAQ 2759
- Intake Worker Observation must be on Agency Letterhead and clearly articulate to the best of their knowledge and based on their professional judgment, that the individual or head of household was residing in a place not meant for human habitation, in an emergency shelter, at the time of intake.
- Users should document at minimum one night for each month verified, e.g., an encounter on May 5, 2015, counts for May 1—May

31, 2015, unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month, e.g., evidence in HMIS of a stay in transitional housing.

- Users may need multiple Third-Party Verification of Homelessness Forms to establish Chronic Homelessness [CoC FAQ 2755](#).
- See [CoC FAQ 2762](#) for guidance on the third-party recordkeeping requirements for participants exiting institutions.

Self-Certification of Homelessness (p5)

As a last resort to establish eligibility after all efforts to collect third-party verifications have been exhausted, HUD allows households to provide written statements that are signed and dated in lieu of third-party verification. Beginning January 15, 2016, only 25% of participants enrolled in the Project year can have more than 3 months of self-certification, i.e., all participants can self-certify 3 months or less. Participants enrolled in the Project less than six months do not count towards the 25%. If an Applicant is self-certifying for the entire, required 12 months, the self-certification must be accompanied by a written statement from the intake worker detailing the severity of the applicant's situation. A statement on agency letterhead will satisfy this requirement.

- Self-certifications should be completed by the applicant. If that presents an undue burden, intake staff may assist with completion, using the applicant's own words.
- All Self-Certification of Homelessness Forms must be signed by the applicant and intake staff as a witness.

Documentation of Due Diligence (p6) (Required, if Self-Certification of Homelessness is utilized)

On this form, Intake Workers will describe efforts to obtain third-party verification, including the outcome of the efforts and obstacles. For example:

On the above date and times, I reached out to X Emergency Shelter in Houston, TX, to obtain HMIS records for Mr. Smith, HMIS ID 123456. I contacted the HMIS Agency Admin and have not received any return contact. Per Agency Policy, TBRRH is moving forward with a self-certification of Homelessness. Should X return contact, this form will be updated.

- Users should document **all** efforts to collect third-party verification, the Applicant's current living situation, and why the attempts to collect third-party documentation were unsuccessful.
- Self-Certification of Homelessness Forms must **always** be accompanied by the [Documentation of Due Diligence](#) (p46).

Disability Verification for Permanent Supportive Housing Programs (p7)

CoC funded PSH Projects are required to verify disability. The Disability Verification Form for Permanent Supportive Housing Programs should be completed when verifying an applicant's Chronic Homeless status. This form is based on the status of the Head of Household.

- Disability Verifications Form must be completed by a clinician (MD/Psychiatrist/LCSW/Etc...) licensed to diagnose and treat (In the State of Texas) the condition they are verifying.
- If an applicant is receiving SSI/SSDI a benefit statement or a copy of a disability check will satisfy the recordkeeping requirements for Disability Verification. THN recommends that Benefit Letters used to verify disability are not more than 12 months old.
- In order for the Disability Verification for Permanent Supportive Housing Programs to meet the minimum criteria, each subpart, (4a)(4b)(4c) must be answered affirmatively. If the applicant discloses a diagnosis of HIV/AIDS, the applicant does not need to satisfy the three-part test at (4a), (4b), and (4c).

Contact Hope Rodgers, CoC Performance Manager at hope@thn.org with any questions.

Chronic Homelessness Verification

Part I. Homelessness Eligibility: *(Check one and attach supporting documentation)*


****Part I** must be supported with documentation: Third-Party Homelessness Verification, Intake Worker observation, or Self-certification (as documentation of last resort).

HUD defines Category 1- Literally Homeless as, an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation (cars, abandoned buildings, streets, etc.)
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.


Part II. Chronic Homelessness Status: *(Check one and attach supporting documentation)*

****Part II** must be supported with documentation: Third-Party Homelessness Verification, intake worker observation, or Self-certification (as documentation of last resort).

- Has been continuously homeless for at least the last TWELVE (12) CONSECUTIVE MONTHS
OR
- Has had FOUR (4) occasions of homelessness in the last THREE (3) years, which total at least TWELVE (12) months
OR
- Neither situation applies to the Applicant.  This applicant is not eligible for PSH

Part III. Disability: *(Check all that apply and attach supporting documentation)*

****Part III** must be supported with a letter from a medical professional attesting to the presence of the condition and how the Individual would benefit from housing, UNLESS Applicant has written verification from SSI/ SSDI/VA Disability

- A diagnosable substance use disorder
- A developmental disability
- A serious mental illness
- A chronic physical illness, including the co-occurrence of two or more of these conditions
- Applicant reports NO disability  This applicant is not eligible for PSH

Applicant Name

Applicant Signature

Date

Staff Name/ Organization

Staff Signature

Date

Third-Party Homelessness Verification

Applicant Name: _____ Date Completed: _____

This form must be used with all third-party methods of verifying homelessness.

Examples of third-party verifiers include business owner, past case manager, fellow homeless individual, service provider, or anyone who has personally witnessed the Applicant’s homelessness. It is the sole obligation of the intake worker and accepting project to determine if a third-party source is reliable. See HUD FAQ 2756 & 2759 for more details.

This Applicant has applied to receive the services of a HUD Continuum of Care (CoC) Program serving Chronic 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. This information will be used for the purpose of determining the homeless status of the above-named homeless person.

THIRD PARTY TO COMPLETE BOX BELOW:

Your Name: _____ Date: _____ Relation to the Applicant: _____ Contact Information: _____	<input type="checkbox"/> Intake Worker has completed this form on behalf of a reliable third-party. <input type="checkbox"/> Intake Worker has completed this form based on HMIS records, (must attach printouts)
WHERE you witnessed the Applicant to be homeless [specific location]: _____ _____ _____	
WHEN you witnessed the Applicant to be homeless [MM/YYYY] to [MM/YYYY]: <i>(If multiple occasions, please separate clearly)</i> _____ _____ _____ _____	
_____ <i>Third Party Signature</i>	_____ <i>Date</i>
OR	
_____ <i>Staff Signature</i>	_____ <i>Date</i>

Self-Certification of Homelessness

Applicant Name: _____ Date Completed: _____

Please have Applicant initial next to which category they fall under:

- I am living in a place not meant for human habitation OR in an emergency shelter _____ *initial*
- I exited a public institution in which I resided for fewer than 90 days _____ *initial*

AND

- I have been continuously homeless for the past TWELVE (12) CONSECUTIVE MONTHS _____ *initial*
OR
- I have had FOUR (4) occasions of homelessness in the last THREE (3) years, which total at least 12 months _____ *initial*

Applicant statement of location and period of homelessness:

By signing below I certify that the information presented in this statement is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

WARNING: Misrepresentation of facts in order to wrongfully obtain program funds is a serious offense that can result in criminal charges. This includes fraudulent requests for funds, representing yourself to be someone you are not, cashing fraudulently obtained checks, etc. Perpetrators of fraud will be prohibited from accessing funds in the future and may be forced to repay the funds as well as face legal action.

Documentation of Due Diligence

Applicant Name: _____ Date Completed: _____

INSTRUCTIONS: This form must be utilized whenever self-certification is utilized for verification. Document the Applicant’s current living situation and all efforts to collect third-party verification below. Depending on the number of episodes of homelessness, you may need additional pages, attach accordingly.

Name of Third-Party: _____

Title of Third-Party: _____

Organization of Third-Party Contacted: _____

Date of Initial Contact: _____ # of Attempts: _____ Date(s) of Attempts: _____

Method of Contact(s): In Person e-mail Telephone Other _____

Applicant’s current living situation:

Describe attempts to obtain third-party verification and why they were unsuccessful below:

I understand that third-party verification is the preferred method of certifying homelessness for an individual who is applying for assistance. I understand self-declaration is only permitted when I have attempted but cannot obtain third-party verification.

Staff Name (Printed): _____ Date: _____

Staff Signature: _____ Date: _____

Disability Verification for Permanent Supportive Housing Programs

NOTE: This verification is ONLY intended to document a disability for HUD funded housing programs in the Texas Balance of State as required by HUD. It will not be distributed or used for any other purpose.

Applicant Name: _____ Date Completed: _____

- (1) A person shall be considered to have a disability if such person has a physical, mental, or emotional **impairment, which is expected to be of long-continued or indefinite duration; substantially impedes his or her ability to live independently;** and is of such a nature that such ability, could be improved by more suitable housing conditions.
- (2) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that –
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the person attains age 22;
 - Is likely to continue indefinitely;
 - Results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, and Economic self-sufficiency; and
 - Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Physical/ Behavioral/ Developmental Impairments

- (3) Does this person have HIV/AIDS? (if yes, do not complete section 4)
- YES NO
- (4) Does the Applicant have any of the above mentioned physical/ behavioral/ developmental impairments?
- YES NO

Please identify the impairment: _____

- (4a) Is it expected to be of long– continued or indefinite duration?
- YES NO
- (4b) Does it impede the individual’s ability to live independently?
- YES NO
- (4c) Could the individual’s independence be improved by more suitable housing conditions?
- YES NO

Additional space to explain any of the above:

I have reviewed this definition and determined that: _____ meets the above criteria.
Likewise, I am licensed in the State of Texas to diagnose and treat the above mentioned conditions.

Name (printed): _____ Phone: _____

Professional Title: _____

Signature: _____ Date: _____