

HUD Chronic Homelessness Interview + Certification

HUD defines chronic homelessness as: an individual or head of household who is 1) currently residing on the streets, in an emergency shelter, or a Safe Haven; 2) has either been continuously homeless for one year or more, OR has had at least four episodes of homelessness in the past three years, AND 3) has a disabling condition. In order to be considered chronically homeless, a person must meet all three the criteria.

Client Name: _____

CRITERIA #1: CURRENT LIVING SITUATION

Client must currently be in one of these locations in order to be considered chronically homeless.

Client is currently:

- In Emergency Shelter
 On the Streets/Place not Meant for Human Habitation
 In the Safe Haven (*The only program in Detroit that qualifies as a Safe Haven for purposes of documenting chronicity is the Cass Community Social Services Safe Haven program.*)

Program Name of Current Living Situation: _____

Documentation Attached: Yes No

Eligible documentation includes a signed and dated letter from emergency shelter or Safe Haven provider indicating the client is currently staying in the shelter or a signed, HMIS Certification, or dated street outreach verification letter.

AND

CRITERIA #2: LENGTH OF TIME ON STREET, IN EMERGENCY SHELTER, OR IN SAFE HAVEN

At least one of the gray shaded boxes ("yes" or "4") must be checked in order for person to be considered chronically homeless.

→Continuously Homeless for One Year or More

Client (or head of household) has been continuously homeless, without a break exceeding 6 days, (living on the streets or in an emergency shelter, a Safe Haven, or some combination of all three) for at least one year.

Transitional Housing does not count as a form of sheltering.

Yes No Client Doesn't Know Client Refused

If one of these boxes is checked, client must have at least 4 episodes of homelessness in last 3 years in order to be chronically homeless

Documentation Attached: Yes No

→Number of Times Client has been Homeless in the Past Three Years

0 (not currently homeless) 1 2 3

4 or more

*→ If 4 or more: total number of months person was homeless in the past 3 years: _____
Any single day or part of a month person was homeless should be counted as one month. Ex – Person spent one night in an emergency shelter on July 10. The rest of the month of July he was not homeless. This one night is enough to count the entire month of July as one of the months he was homeless.*

Client Doesn't Know
 Client Refused

→ Total # of months client (or HoH) has been continuously homeless immediately prior to project entry: _____
 (see chart below to document details)

Summary of homeless episodes. List the most recent episode first (should be where client is currently residing):

	Episode #1	Episode #2	Episode #3	Episode #4
Start (mo/yr)				
End (mo/yr)				
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Combo of these 3	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Combo of these 3	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Combo of these 3	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Combo of these 3
Doc. Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible documentation includes: Third party written documentation provided by a homeless service provider such as an emergency shelter, homeless outreach provider, or other service provider. Written documentation must be on agency letterhead and include the client's name, dates he/she was homeless, and signed by staff with his/her title. A printout from HMIS documenting a client's service history may also be provided.

AND

CRITERIA #3: DISABILITY

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

- | | |
|---|--|
| <input type="checkbox"/> Substance use disorder | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Serious mental illness | <input type="checkbox"/> Cognitive impairments resulting from brain injury |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Chronic physical illness or disability |

Documentation Attached: Yes No

Eligible documentation of disability includes: Third party written verification including professional licensed by the state to diagnose and treat disability, certification disability is expected to be long-continuing or of indefinite duration and substantially impedes ability to live independently, or written verification from Social Security Administration, or receipt of a disability check. Intake staff observations or disability may suffice if confirmed and accompanied by written 3rd party verification no later than 45 days after date of intake. Oral 3rd party verification and self-certification are not appropriate sources of verification.

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

Signature of Client: _____

Date: _____

Signature of Case Manager: _____

Date: _____

Agency: _____

Third-Party Verification of Homelessness
To Be Printed on Verifying Agency Letterhead

Certification

I certify that _____ (client's name) stayed at
_____ (facility/program name) for the following period of time:

- (1) between: ____/____/____ and: ____/____/____
- (2) between: ____/____/____ and: ____/____/____
- (3) between: ____/____/____ and: ____/____/____
- (4) between: ____/____/____ and: ____/____/____

Additional details about the client's episodes of homelessness may be written below.

This facility is a:

- Emergency Shelter
- Safe Haven *(the only Safe Haven in the Detroit CoC is operated by Cass Community Social Services)*
- Drop-in Center/Soup Kitchen/Other (please specify if other) _____

Staff Signature: _____

Date: _____

Title: _____

Phone: _____

Chronically Homeless Self-Statement Certification

Instructions: This self-statement certification may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a third party verification of a history of chronic homelessness. This self-statement should be maintained in the client's file.

I certify that I was homeless (that is, sleeping on the streets or in a place not meant for human habitation) OR staying in a homeless emergency shelter during the following time period:

- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)
- Between _____ (month/year) and _____ (month/year) I lived at _____ (place)

What else would you like to share about your history?

I certify that the above information is correct.

Client Signature: _____

Date: _____

I reviewed the above statement with the client.

Case Manager Signature: _____

Date: _____

Agency: _____