

Chronic Homelessness Documentation Checklist

Because many CoC resources are prioritized for persons experiencing chronic homelessness (defined below), Washtenaw County CoC uses this checklist to assess whether a person is experiencing chronic homelessness. This checklist, and any accompanying documentation, should be uploaded into HMIS upon completion, regardless of chronic status. When, through the use of this checklist, a client is determined to be chronic, the CHP list will be updated to reflect that they are document ready for referral. This checklist should be completed within 45 days of identification.

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 4 occasions* of homelessness in the past 3 years where those occasions* total at least 12 months, AND 3) has a disability. To be considered chronically homeless, a person must meet all three criteria.

Client Name: _____ **HMIS ID #:** _____

CRITERIA #1: CURRENT LIVING SITUATION

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

As of: _____ (date)

Client is currently:

- In Emergency Shelter: _____ (name of shelter/program)
- On the Streets/Place not Meant for Human Habitation

Date which the current homeless episode began: _____

*Have the client look back to the date of the last time the client slept in a place **other than** the streets, shelter, or Safe Haven.*

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 and 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, (living on the streets or in an emergency shelter, a Safe Haven, or some combination of all three) for at least one year.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<i>If one of these boxes is checked, client must have at least 4 occasions* of homelessness in last 3 years, with the occasions cumulatively totaling at least 12 months, in order to be chronically homeless</i>			

Documentation Attached: Yes No

Number of Occasions* Person was Homeless on Streets, in a Shelter, or in Safe Haven in the Past 3 Years

- Never in the 3 years 1 2 3 4 or more *(if checked, see below)*
- Client Doesn't Know Client Refused

Cumulative Total Number of Months on Streets, in a Shelter, and/or in a Safe Haven in the Past 3 Years

If 4 or more occasions (as checked above): total number of months person was homeless on the streets, in a shelter, and/or in a Safe Haven in the past 3 years: _____

Any single day or part of a month person was homeless should be counted as one month unless there is a documented break in that month.

*An occasion is defined by a break of at least 7 nights not residing in an ES, SH, or residing in a place **meant** for human habitation (e.g., staying with a friend/family, staying in a hotel/motel). A break may be self-report by client. A break does not need to have 3rd party documentation.

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

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

Eligible documentation includes: 1) Third party written documentation from another provider on that agency's letterhead and includes the client's name, dates he/she was homeless, and signed by staff with his/her title, or a printout from HMIS OR 2) Intake worker written observation; OR 3) Client self-certification. Intake worker observation or client self-certification may only be used after efforts to obtain written, third party documentation have failed.

Documenting Continuous Homelessness (at least 1 year or more)

- Must have been on streets, shelter, or Safe Haven, or a combo of any of these for at least 1 year without a break.
- A break is considered at least 7 or more consecutive nights residing in a place **meant** for human habitation or not residing on the streets, in a shelter, or in a Safe Haven.
- At least 9 months of the 12 months homeless must be documented by either HMIS data, third party written documentation, or a written observation by an outreach worker.
 - Only in rare and extreme cases can self-certification be allowed for the entire period of homelessness. In these rare instances, attempts to get 3rd party documentation must be documented. No more than 25% of households served in a given operating year may be documented only by self-certification.

Documenting Occasional Homelessness (4 times in last 3 years)

- Episode must have been on the street, in a shelter, or in the Safe Haven

Institutional Stays

- A stay in an institution (e.g., jail, hospital, mental health inpatient stay) for fewer than 90 days do not count as a break so long as the person entered that institution from the streets, an ES, or a SH, and this time (if less than 90 days) would count towards the total time homeless.

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. When appropriate based on a high level of imminent client risk or vulnerability, and subject to approval of the CHP committee, intake staff observations of 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 accurate and true. We additionally agree that this information can be shared with other organizations who serve people who are experiencing homelessness for the purposes of coordinating care.

Signature of Client: _____

Date: _____

Signature of Case Manager: _____

Date: _____

Agency: _____