Client HMIS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Staff Requesting Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Requesting Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Homeless Verification requires for each person applying to the program, written documentation must be provided by an appropriate Third Party that verifies the person’s status as chronically homeless. This documentation must be kept in each participant’s case record file.

Appropriate third party verification can consist of letters written and signed by either homeless shelter providers, homeless outreach workers, or other homeless service providers such as Health Care for the Homeless. ***Alternatively, a local Homeless Management Information System (HMIS) can be called upon to supply a printout of an individual’s history in a local homeless service continuum.*** This printout may be substituted for a letter from a homeless provider.

HUD defines a Chronically Homeless person as: An individual who: Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and Can be diagnosed with one or more of the following conditions:

**Part I**. A Disabling Condition. ***Completed by Provider Agency***. *Check appropriate box(es):*

A diagnosable substance abuse disorder

A serious mental illness

A developmental disability

post-traumatic stress disorder, cognitive impairments resulting in brain injury, or chronic physical illness or disability;.

Part I is supported by a letter from a medical professional attesting to the presence of the condition. Yes

No

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering the facility; or

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Part II.** Chronically Homelessness Status. ***Completed by CoC HMIS Administrator***. *Check ONE:*

Has been continuously homeless for a year or more.

*(HUD defines “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)*

Has had four (4) episodes of homelessness in the last three (3) years that together total 12 or more months.

*(HUD defines “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)*

Part II is substantiated by CoC HMIS system Administrators verification of chronic homelessness. A printout of the client’s homeless history in the local CoC is on file with the HMIS System Administrators office to maintain Privacy Standards for the clients. The signature below is evidence that this clients meets the above criteria check for part II.

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Signature of CoC HMIS Administrator Date