

Chronic homelessness

Documentation policy and verification form

Chronic homelessness definition

A household is considered chronically homeless if they:

- Are living with a disability
- Have been experiencing homelessness for at least 12 months consecutively or on at least four separate occasions (episodes) in the last three years
- Their episodes of homelessness equal at least 12 months and each break in homelessness separating the occasions is seven consecutive nights in length.
- Households are able to self-verify their homelessness for a maximum of three months.

By name list documentation policy

Households are added to the chronic by name list based on verifiable information in HMIS including shelter stays and current living situations.

If someone's chronic homelessness is not verified through these means, they still may be added to the chronic by name list with sufficient documentation.

Documentation must be in the form of third-party documentation and can be used to either document all 12 months of qualifying homelessness or supplement existing shelter stays, outreach engagements, or current living situations.

Provide documentation by sending this form to the chronic homelessness planner via email. You will receive written confirmation that documentation is acceptable. Each household can be nominated for resources through chronic case conferencing only after that confirmation is received and household is added to CBNL.

Supporting documentation is only required to record instances of homelessness and is not required to record breaks in homelessness.

Chronic homelessness documentation options

Third-party documentation options include:

- Documentation from HMIS or a comparable database (note: The Housing History portion of the CES assessment is not considered sufficient documentation)
- Written observation by an outreach worker, housing provider, service provider, or community member
- Documentation from hospitals, correctional facilities, or other institutions

Chronic homelessness documentation checklist

The U.S. Department of Housing and Urban Development defines a person as chronically homeless if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or on four separate occasions in the last three years (totaling 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility do not count as a break in homelessness. Additionally, a person who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the criteria above may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

HMIS ID:	Client name:	Date of birth:
Number in household:	Client head of household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 1: Current housing status

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

Client is currently residing:

- ☐ In emergency shelter
- ☐ On the streets/place not meant for human habitation
- ☐ In a safe haven
- ☐ In an institutional care facility (for fewer than 90 days)

Start date:	Location name/address:
Notes:	

Part 2: Housing History

(Use copies of this sheet if additional fields are needed.)

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Check all that Apply	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type Check One	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert	<input type="checkbox"/> HMIS <input type="checkbox"/> Comp. Database <input type="checkbox"/> Observation by outreach, housing provider, or service provider <input type="checkbox"/> Documentation from institution <input type="checkbox"/> Self-Cert
Doc. Att.	<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	<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	<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	
Break Mo./Yr. & Descr	Break 1: Break 2: Break 3:												
Self-Cert. Check	Does the documentation include more than 3 months of self-certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, documentation of steps taken to obtain verification must be included.												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												

Part 3: Disability status

"Disability" means a condition that:

- Is expected to be long-continuing or of indefinite duration
- Substantially impedes the individual's ability to live independently
- Could be improved by the provision of more suitable housing conditions
- Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

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

Documentation attached:

- ☐ Written verification of the disability from a licensed professional
- ☐ Written verification from the Social Security Administration
- ☐ Receipt of a disability check
- ☐ Intake staff-recorded observation of disability accompanied by supporting evidence

Part 4: Staff and client certifications

Client certification: <i>To the best of my knowledge, all the information provided in this document is true and complete.</i>		
Client name:	Client signature:	Date:
Staff certification: <i>To the best of my knowledge and ability, all of the information and documentation used in making this determination is true and complete.</i>		
Staff name:	Staff signature:	Date:
Staff role:	Agency:	