



Sonoma County Homeless Coalition

Chronic Homelessness Verification Packet

Referral Information

Applicant First Name: _____ Last Name: _____

Contact Number: _____ Secondary Contact: _____

Date of Birth: _____ Social Security Number: _____

Coordinated Entry System/Referring Agency Information

Staff Name: _____ Agency: _____

Title: _____ Phone Number: _____

Email: _____

HMIS Status: Enrolled in HMIS Requested No HMIS Record Referral from DV Project

Housing Provider Information/Receiving Referral

Intake Worker: _____ Agency: _____

Title: _____ Phone Number: _____

Email: _____

Packet Start Date: _____ Packet Completion Date: _____

Section 2: Disability Documentation Checklist

In order to qualify for Chronic Homeless Status, a person must have a disability that is expected to be of long, continuing, or of indefinite duration, and substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. Qualifying disabilities for HUD projects include the following chronic conditions: Mental Health Disorder, Substance Use Disorder, Co-occurring Mental Health and Substance Use Disorder, Physical Disability, and Developmental Disability. The documentation for disability must be third party and include:

Select which of the following is being used to verify disability status at this time and attach all supporting documentation-

- Written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability is expected to be of a long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
- Written verification from the Social Security Administration; or
- The receipt of a disability check.

In the absence of the above noted methods of verification, an observation of a qualifying disability by an agency identified staff person may be used to temporarily verify disability. However, this must be confirmed by one of the above methods within 45 days. This option should be used sparingly. For HUD funded projects, if verification by one of the above mentioned type is not secured within the 45 day period, the funding for that bed would be impacted and may not be paid at all for the duration that the applicant is in the housing.

# of Occasions:	Total Months	<i>Start date of one year continuous period or start date of 3 year period for Chronic Homeless time calculation</i> _____
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Housing Provider: Chronic Homeless Verification Timeline

Housing provider should **complete the most appropriate of the 2 categories below** indicating the applicant's chronic homeless status. The Housing provider is ultimately responsible to collect all of the required documentation needed within the time framed listed below.

All 3rd party homeless documentation must be collected within 180 days. If 3rd party documentation cannot be obtained, a written record of intake worker's due diligence to obtain the documentation of the living situation should be included. All disability documentation should be collected within 45 days of move-in.

Move-in date: _____

180 Deadline for additional homeless documentation: _____ **45 Deadline for disability documentation:** _____

Please note HUD guidance regarding homeless documentation:

- 100% of households served can use self-certification for 3 or their 12 months.
- 75% of households served need to use 3rd party documentation for 9 month or their 12 months.
- 25% of households served can use self-certification as documentation for any and all months.

1. Chronic Homelessness Verified

To the best of my knowledge, the Chronic Homeless Verification Packet is complete, all forms of verification are included within the packet, and the applicant meets the definition of Chronic homelessness.

Worker Name: _____ Worker Title: _____

Agency: _____

Signature of Verifying Worker: _____ Date: _____

2. Applicant Determined Ineligible

Upon careful review, this applicant does not meet the definition of chronic homelessness based off the following criteria:

A. The applicant has not experienced 12 continuous months of homelessness nor 4 distinct occasions of homelessness in the past 3 years that total 12 months.

To the best of my knowledge, the applicant has experienced _____ occasions of homelessness in the past 3 years totaling _____ months. (Please see the Time Accumulation Worksheet for further details)

B. The applicant has not reported nor has staff observed a qualifying disabling condition.

I recommend the applicant's Chronic homeless status be further reviewed by the Coordinated Entry System/Referring Agency.

Worker Name: _____ Worker Title/Agency: _____

Signature of Verifying Worker: _____ Date: _____