

NorCal CA 516
Homeless Continuum of Care
Documenting Homelessness






August 2022

Documentation Checklist: Homelessness Verification

Client Name:	
Date:	
Current Residence: (Night Before Above Date)	
Staff Name:	
Program Name:	
Component Type: (ES, TH, RRH, PSH, etc.)	

NOTE: Written third-party documentation is always preferred to certify homelessness.

Applicable 	In File 	CATEGORY  Required Documentation in File
CATEGORY 1		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>PLACE NOT MEANT FOR HUMAN HABITATION, e.g., car, park, abandoned building, bus or train station, airport, camping ground (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider <input type="checkbox"/> Homelessness Certification (Form A) from a homeless street outreach provider <p>OR</p> <p><input type="checkbox"/> Written Second-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p>OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program <input type="checkbox"/> Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay <input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay <p>OR</p> <p><input type="checkbox"/> Written Second-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p>OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

*These are baseline eligibility rules based on project type. Your grant may have additional eligibility criteria. To determine applicable eligibility requirements:

- 1) Consult CoC NOFA under which project was first funded for applicable new project eligibility requirements **AND**
- 2) Consult CoC NOFA that funded the particular grant year for applicable renewal project eligibility requirements **AND**
- 3) Consult HUD grant agreement, including commitments made in project application

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Applicable	In File	CATEGORY 1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<p>HOSPITAL OR OTHER INSTITUTION if client's stay was 90 days or fewer <i>and</i> client was in emergency shelter or place not meant for human habitation prior to admission (OK for CH-PSH, PSH, some RRH, TH, SH, SSO)*</p> <p>Documentation of institutional stay</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork with admission and discharge dates <input type="checkbox"/> Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification <p style="text-align: center;">AND</p> <p>Documentation of client's homeless status immediately prior to institutional stay</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to institutionalization:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of shelter stay or homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from emergency shelter or homeless street outreach provider <input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or homeless street outreach provider <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written Second-Party (<i>both of the following</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>TRANSITIONAL HOUSING if graduating from or timing out of TH <i>and either</i> in emergency shelter or place not meant for human habitation prior to admission <i>or</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence (OK for PSH, some RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS records of transitional housing stay and entry from shelter or place not meant for human habitation <input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission <input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

*These are baseline eligibility rules based on project type. Your grant may have additional eligibility criteria. To determine applicable eligibility requirements:

- 1) Consult CoC NOFA under which project was first funded for applicable new project eligibility requirements **AND**
- 2) Consult CoC NOFA that funded the particular grant year for applicable renewal project eligibility requirements **AND**
- 3) Consult HUD grant agreement, including commitments made in project application

Documentation Checklist: Homelessness Verification

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	CATEGORY 1 <input checked="" type="checkbox"/> Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>TRANSITIONAL HOUSING if graduating from or timing out of TH and <i>neither</i> in emergency shelter or place not meant for human habitation prior to admission <i>nor</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence (OK for some RRH, TH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS records of transitional housing stay and homeless living situation prior to admission <input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission <input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider <p>OR</p> <p><input type="checkbox"/> Written First-Party (<i>both</i> of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
CATEGORY 2		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<p>IMMINENTLY LOSING PRIMARY NIGHTTIME RESIDENCE, i.e., primary nighttime residence will be lost within 14 days, <i>and</i> no subsequent residence has been identified, <i>and</i> the household lacks the resources and support networks needed to obtain other permanent housing (OK for some RRH, TH, SSO)*</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Court order resulting from an eviction notice or equivalent, or formal eviction notice <input type="checkbox"/> For clients in hotels/motels <i>not</i> falling under Category 1, evidence that household lacks the financial resources necessary to stay for more than 14 days <input type="checkbox"/> Oral statement by individual or head of household that the owner or renter of the residence will not allow them to stay for more than 14 days <i>and</i> documentation by staff of the statement client made to staff <i>and</i> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification from the owner or renter of the residence verifying client's statement <i>or</i> <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure verification from the owner or renter of the residence <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corroborating Client Self-Declaration of Homelessness (Form E)

*These are baseline eligibility rules based on project type. Your grant may have additional eligibility criteria. To determine applicable eligibility requirements:

- 1) Consult CoC NOFA under which project was first funded for applicable new project eligibility requirements **AND**
- 2) Consult CoC NOFA that funded the particular grant year for applicable renewal project eligibility requirements **AND**
- 3) Consult HUD grant agreement, including commitments made in project application

Documentation Checklist: Homelessness Verification

CATEGORY 4		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/>	<p>FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE, including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence (“the condition”) (OK for PSH, some RRH, TH, SSO)*</p> <p>The following:</p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E)</p> <p>AND FOR NON-VICTIM SERVICE PROVIDERS</p> <p><i>If safety would not be jeopardized, written third-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):</i></p> <p><input type="checkbox"/> Written observation by intake worker verifying the condition</p> <p><input type="checkbox"/> Signed letter on letterhead from by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition</p>

*These are baseline eligibility rules based on project type. Your grant may have additional eligibility criteria. To determine applicable eligibility requirements:

- 1) Consult CoC NOFA under which project was first funded for applicable new project eligibility requirements AND
- 2) Consult CoC NOFA that funded the particular grant year for applicable renewal project eligibility requirements AND
- 3) Consult HUD grant agreement, including commitments made in project application

Homelessness Certification (Form A)

Client(s) Name(s): _____

Household without dependent children Household with dependent children Number in the household: _____

This form is to certify that the above-named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. By signing this form, you are certifying this information to be true. Check only one box and complete only that section.

Living Situation: Place not meant for human habitation

The person(s) named above was/were living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus station, airport, or camp ground on the date(s) below.

Description of living situation (please provide the location and detailed description of living conditions):

Homeless Street Outreach/Referral Program Name: _____

Date(s) of Contact: _____

Authorized Agency Representative Name: _____

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

The person(s) named above was/were living in a supervised publicly or privately operated shelter on the date(s) below:

Emergency Shelter Program Name: _____

Date(s) of Night(s) in the Shelter: _____

Authorized Agency Representative Name: _____

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Transitional Housing

[NOTE: USE ONLY FOR PURPOSES OF DOCUMENTING ELIGIBILITY FOR TRANSITIONAL HOUSING PROGRAMS]

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation OR _____

Authorized Agency Representative Name: _____

Authorized Agency Representative Signature: _____ Date: _____

NorCal CoC
SECOND-PARTY CERTIFICATION OF HOMELESSNESS BASED ON INTAKE CONVERSATION OR INTAKE STAFF OBSERVATION (Form B)

Applicant Name: _____ **Intake Date:** [Click here to enter a date.](#)

Note: This form does not constitute third-party documentation and should be used only if third-party documentation is not available.

Instructions: If third-party documentation is not available, a housing program intake worker may provide second-party documentation of the applicant’s homelessness by one of two methods:

- The intake worker may go out and physically observe the applicant’s place of residence.
- The intake worker may certify the applicant’s homelessness in the intake worker’s professional capacity based on their intake conversation with the applicant.

INFORMATION REQUESTED: PLEASE COMPLETE ONE OF THE TWO TABLES BELOW

(To be completed by the intake worker)

If the intake worker **physically observed** the applicant’s place of residence:

Approximate date observed:	Location (address, name of public space, street name, landmark, etc):	Description of living conditions observed (sleeping in a car, in a tent, in the open, etc.):

If the intake worker is certifying the applicant’s homelessness in the intake worker’s professional capacity based on their **intake conversation** with the applicant:

Approximate date when applicant experienced homelessness:	Location where applicant was living:	Description of intake conversation with applicant and reason you believe they were living in a homeless situation:
	<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Hotel/motel paid by charitable organization or government program for low-income individuals	

I certify that based on my physical observation or to the best of my knowledge and in my professional opinion, that the Applicant was living in a place not meant for human habitation, emergency shelter, safe haven, or hotel/motel paid by charitable organization or government program for low-income individuals during the above time.

Printed Name	Organization	Title
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Signature	Date	Phone Number
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Staff Supplement to Certification Based on Intake Conversation

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt(s) made for third-party verification:

Date of Contact	Individual/Organization Contacted	Method of Contact	Outcome of Contact

Staff Signature: _____ Date: _____

Client Self-Declaration of Homelessness (Form C)

Instructions: If third-party documentation is not available, individuals or households may self-certify their current homeless status. Please initial the line below next to your current living situation and provide the details requested.

Applicant Name: _____

My current living situation is:

Place not meant for human habitation (e.g. such as cars, parks, sidewalks)
Location and Dates: _____

Emergency shelter
Emergency Shelter Name, Location and Dates of Residency _____

Transitional Housing
Transitional Housing Program Name, Location and Dates of Residency _____

AND

Previous Homeless Living Situation (Name, Location) and Dates: _____

Discharging from a Hospital or other Institution
Hospital or Institution Name, Location, Date of Entry, and Expected Discharge Date: _____

AND

Previous Homeless Living Situation Details and Dates: _____

Fleeing a domestic violence, including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against me or a family member that make me afraid to return to my primary residence and (initial all that are true)

Have no other place to live

Do not have the financial resources and support networks to obtain other housing

Being evicted from the housing we are presently staying in and (initial all that are true)

[NOTE: SUCH INDIVIDUALS ARE ELIGIBLE FOR A LIMITED SUBSET OF PROGRAMS – CONSULT DOCUMENTATION CHECKLIST]

Must leave this housing within the next _____ days

Have not identified other housing

Do not have the financial resources and support networks to obtain other housing

I certify the above-stated information to be true.

Applicant Signature: _____ Date: _____

Staff Supplement to Self-Declaration of Homelessness

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

Date of Contact	Individual/Organization Contacted	Method of Contact	Outcome of Contact

Staff Signature: _____ Date: _____