

## Verification of Homelessness

**To be eligible for participation in the McKinney-Vento Supportive Housing Program (SHP) and/or Shelter Plus Care (SPC) Programs, an applicant must be homeless as defined by HUD. A person is considered homeless only when he/she resides in one of the following places:** (!) In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); (2) In an emergency shelter; (3) In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; (4) In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution; (5) Is being court-ordered evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; (6) Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or (7) is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

**I hereby certify that the referred individual, \_\_\_\_\_, is currently homeless and is:**

Sleeping in places not meant for human habitation (e.g. cars, parks, sidewalks, abandon buildings).

Location: \_\_\_\_\_

Sleeping in an emergency shelter or a residence that is part of an established shelter system.

\_\_\_\_\_ Date entered the shelter: \_\_\_\_\_  
name of shelter

Graduating from a transitional housing program with a stay of no longer than 24 months **and** was homeless (as defined above) immediately prior to entering transitional housing: \_\_\_\_\_

name of transitional housing program

Date entered program: \_\_\_\_\_ Homelessness circumstances immediately prior to stay:

Being discharged from a hospital or institution with a length of stay of less than 30 days **and** was homeless (as defined above) **immediately prior to inpatient stay:** \_\_\_\_\_

name of inpatient program

Date entered hospital/institution \_\_\_\_\_ Homeless circumstances prior to inpatient stay:

Being court-ordered evicted from a private dwelling unit within a week.\*\*

Being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison with a length of stay of over 30 days.\*\*

Is fleeing a domestic violence housing situation. \*\*

\*\* Individual must also demonstrate that no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

The above-named individual should be counted as chronically homeless because s/he is an unaccompanied individual and :

S/he has a disabling condition, defined as: "a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living (ADL)."

Nature of disability: \_\_\_\_\_

Evidence of disability/ Limitations in ADLs: \_\_\_\_\_

**AND**

S/he has been continuously homeless (sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter for at least a year or episodically homeless at least 4 times in the last 3 years. Staff must attach a statement signed & dated by staff or client, giving the dates & locations (street or shelter) where the client lived during the period given as the basis for designating him/her chronically homeless. Note: A client who has been determined to have been chronically homeless prior to entering a HUD-funded program should be counted as chronically homeless while they are in that or subsequent HUD-funded programs.

A statement signed by staff or the client about such prior homelessness is attached or appears on reverse side of this form

**I understand that false statements or information are punishable under federal law.**

\_\_\_\_\_  
Signature of Authorized Program Staff

\_\_\_\_\_  
Printed Name and title

\_\_\_\_\_  
Date