

## PHILADELPHIA CONTINUUM OF CARE DOCUMENTATION OF CHRONIC HOMELESS STATUS CHECKLIST

This checklist may be used for staff to assess an Applicant's chronic homeless status. It should serve as a cover page that is **accompanied by the appropriate documentation**, and maintained in the Applicant's file.

<b>Applicant Name:</b>	<b>Date of Birth:</b> / /	<b>Last 4 SSN Digits:</b>			
<b>Documentation of Disability</b>					
The individual or head of household has been diagnosed with one or more of the following disabilities:					
<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> AIDS/HIV			
<input type="checkbox"/> Serious mental illness	<input type="checkbox"/> Chronic physical illness or disability				
<input type="checkbox"/> Cognitive impairments from brain injury	<input type="checkbox"/> Developmental disability				
The evidence for the disability is provided by:					
<input type="checkbox"/> Verification by a qualified state professional	<input type="checkbox"/> Receipt of SSI/DI or VA Disability Benefits				
<input type="checkbox"/> Written Verification from the Social Security Administration or the U.S. Department of Veterans Affairs					
<b>Documentation of Continuous or Cumulative Homelessness</b>					
The individual or head of household is <b>currently</b> living in a place not meant for human habitation, a safe haven, or an emergency shelter <b>AND</b> has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:					
<input type="checkbox"/> Continuously for at least 12 months <b>OR</b>					
<input type="checkbox"/> On at least 4 occasions in the last 3 years, where the combined occasions equal to at least 12 months, with each break in homelessness separating the occasions includes at least 7 nights of not living as described above.					
For Applicants currently residing in institutional care facilities:					
<input type="checkbox"/> Current stay in institution is fewer than 90 days <b>AND</b> applicant was staying in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the facility					
<b>Evidence of Homeless/Housing Status</b>					
Use the table below to certify the total duration of homelessness and breaks in homelessness. List where the Applicant is currently residing on the first row.					
Acceptable documentation/verification type include: HMIS records, Outreach Database Print-out, Written Third Party Verification Form, Oral Third Party Verification Form, or a Self-Certification Form. Self-certification can be used for up to 3 of the 12 months of homelessness and any of the breaks in homelessness.					
<u>Note:</u> Third party verification of a single encounter with a homeless service provider on a single day of a month is sufficient to consider an Applicant to be homeless for the entire month, unless there is evidence of a break. (e.g. an outreach contact on January 19, 2016 counts for January 1-31, 2016)					
Occasion (# or break)	Location of Stay	Verification Type (HMIS/3 <sup>rd</sup> party/Oral/Self-Cert)	Start Date	End Date	Duration in months
			/ /	<b>Still Residing at Location</b>	
			/ /	/ /	
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<b>Total Months Homeless</b> (must be at least 12 months):					

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<b>Staff Certification</b> I certify that the Applicant meets both criteria of having a disability diagnosis <u>and</u> 12 months continuous or cumulative homelessness, and have attached the necessary documentation.	
Name:	Date:    /    /
Title:	Signature:
Agency:	Email: