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.

Applicant Name:	**Date of Birth:**	**Last 4 SSN Digits:**
John Doe	10/10/1950	2222

Documentation of Disability

The individual or head of household has been diagnosed with one or more of the following disabilities:

- ☐ Substance use disorder
- ☐ Post-traumatic stress disorder
- ☐ AIDS/HIV
- ☒ Serious mental illness
- ☐ Chronic physical illness or disability
- ☐ Cognitive impairments from brain injury
- ☐ Developmental disability

The evidence for the disability is provided by:

- ☐ Verification by a qualified state professional
- ☒ Receipt of SSI/DI or VA Disability Benefits
- ☐ Written Verification from the Social Security Administration or the U.S. Department of Veterans Affairs

Documentation of Continuous or Cumulative Homelessness

The individual or head of household is **currently** living in a place not meant for human habitation, a safe haven, or an emergency shelter **AND** has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:

- ☐ Continuously for at least 12 months OR
- ☒ 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 residing in institutional care facilities:

- ☐ Current stay in institution is fewer than 90 days **AND** applicant was staying in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the facility

Evidence of Homeless/Housing Status

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.

Note: 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/3rd party/Oral/Self-Cert)	**Start Date**	**End Date**	**Duration** in months
1	Hope Rising	3rd Party	8/10/2016	Still Residing at Location	4
Break	Motel	Self-Cert	7/2/2016	7/25/2016	
2	Unsheltered	3rd Party	6/7/2016		1
Break	Rented Room	Self-Cert	4/3/2016	5/9/2016	
3	Unsheltered	3rd Party	3/5/2016		1
Break	Friend's House	Self-Cert	11/12/2015	2/27/2016	
4	Hospital	Oral	11/13/2015	12/5/2015	1
4	Shelter	3rd Party	7/6/2015	11/13/2015	5
				Total Months Homeless (must be at least 12 months):	**12**

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Staff Certification I certify that the Applicant meets both criteria of having a disability diagnosis and 12 months continuous or cumulative homelessness, and have attached the necessary documentation.	
Name: Susie Smith	Date: 10/15/2016
Title: Intake Supervisor	Signature:
Agency: Helping Hands	Email: ssmith@helpinghands.org