

**WV Balance of State Continuum of Care
Verification of Homelessness**

Intake staff are required to document homelessness for all persons seeking assistance. Determination and documentation of eligibility must be based on homeless status at intake; intake is the time the individual or family enters the project and begins receiving assistance under the grant program.

This form excludes income eligibility requirements; please refer to the applicable program regulation to determine requirements. For projects funded to serve persons with disabilities, attach the Verification of Disability form. For projects funded to serve Chronically Homeless persons, attach the Verification of Chronic Homelessness form.

Applicant Name _____

HMIS Client Identifier _____

Type of Assistance	<input type="checkbox"/> Emergency Shelter (ES) (incl. Hotel/Motel Vouchers) <input type="checkbox"/> Transitional Housing (CoC TH)
	<input type="checkbox"/> Permanent Supportive Housing (CoC PSH) <input type="checkbox"/> Supp. Services Only (SSO) (incl. Outreach)
	<input type="checkbox"/> Rapid Rehousing (RRH)

Instructions: Check the box corresponding to the applicable Housing Status to indicate the documentation attached.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

Housing Status	Documentation Attached
Literally Homeless (Category 1)	
<i>Individual or family who lacks a fixed, regular, and adequate nighttime residence</i>	
Persons who meet the Category 1 definition are eligible for the following Types of Assistance: ES, CoC-TH, CoC-PSH, SSO, RRH	
For CoC-funded projects:	
CoC funded PSH: in order to serve persons from TH, persons must have entered TH directly from the streets or ES (except victims of DV)	
CoC funded RRH: must serve only persons from the streets or ES	
Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (incl. a car, park, abandoned building, bus/train station, airport) OR Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (incl. congregate shelters, transitional housing, hotels/motels paid for by charitable orgs. or federal/state/local gov't programs) OR	<input type="checkbox"/> Written observation by a street outreach worker of the conditions where the individual or family is living. HMIS record may be used (dates of stay/services should be concurrent with application for assistance) OR <input type="checkbox"/> Written referral by another housing or service provider. HMIS record may be used (dates of stay/services should be concurrent with application for assistance). <u>If unable to obtain written third-party documentation, may obtain oral* statement.</u> OR <input type="checkbox"/> Certification on the Self-Declaration of Eligibility form signed and dated by applicant stating where (s)he is residing. <u>Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained</u> (Exception: lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter) AND <input type="checkbox"/> <u>Intake worker must document living situation of the individual or family seeking assistance AND due diligence** to obtain third-party verification.</u> Intake worker may also document any assessments of the applicant's housing status on the Documentation of Homelessness form

<p>Is exiting an institution</p> <p>Must have resided in an institution for 90 days or less</p> <p>AND</p> <p>Must have come from the streets or ES immediately before entering the institution</p>	<p><input type="checkbox"/> Discharge paperwork with the entry/exit dates or duration of stay in the institution</p> <p>OR</p> <p><input type="checkbox"/> Written statement from institution official with the entry/exit dates or duration of stay in the institution <u>If unable to obtain written third-party documentation, may obtain oral* statement.</u></p> <p>OR</p> <p>If evidence cannot be obtained from the institution, documentation must include:</p> <p><input type="checkbox"/> A written record of the intake worker’s due diligence** in attempting to obtain discharge paperwork</p> <p>AND</p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that the applicant has just exited an institution with the entry/exit dates or duration of stay</p> <p>AND</p> <p><input type="checkbox"/> Must also document: Stay on the streets or in an emergency shelter prior to entering the institution (acceptable forms of evidence described above). HMIS record may be used (dates of stay/services should be concurrent with entry into an institution)</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Imminent Risk of Homelessness (Category 2)
Individual or family who will imminently lose their primary nighttime residence within 14 days
AND
Has no subsequent residence identified
AND
Lacks the resources or support networks needed to obtain other permanent housing

Persons who meet the Category 2 definition are eligible for the following Types of Assistance:
ES, CoC-funded TH, SSO

<p>Has a primary nighttime residence that is:</p> <p>Housing the individual/family owns</p> <p>OR</p> <p>Housing the individual/family rents</p> <p>OR</p> <p>Housing the individual/family shares with others without paying rent</p> <p>OR</p> <p>Rooms in hotels/motels that are paid for by the individual/family seeking assistance</p>	<p><input type="checkbox"/> Court order or similar legal notice of eviction within 14 days of application for assistance</p> <p>OR</p> <p><input type="checkbox"/> For individual/family paying for their own stay in a hotel/motel, evidence that the individual/family lacks the necessary financial resources to stay</p> <p>OR</p> <p><input type="checkbox"/> An oral* statement by the individual or head of household that the owner or renter of the housing in which they are currently residing will not allow them to stay for more than 14 days after the date of application for assistance***</p> <p>AND</p> <p><input type="checkbox"/> Documentation by the owner or renter of the housing verifying the statement. <u>If unable to contact the owner or renter, written certification from intake worker of due diligence** to contact owner or renter AND certification on the Self-Declaration of Eligibility form that the applicant’s statement is true and complete</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>AND</p> <p><i>In addition to the above, must also document:</i></p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that no subsequent residence has been identified</p> <p>AND</p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form (or through the provision of other written documentation) that the applicant lacks the resources and support networks to obtain other permanent housing</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Fleeing / Attempting to Flee Domestic Violence (Category 4)
Individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence against the individual or a family member, who:
Has no identified subsequent residence
AND
Lacks the resources or support networks needed to obtain other permanent housing

Persons who meet the Category 4 definition are eligible for the following Types of Assistance:
ES, CoC-TH, CoC-PSH, SSO, CoC RRH

Certification on the Self-Declaration of Eligibility form that the applicant is fleeing or attempting to flee domestic violence

AND

Certification on the Self-Declaration of Eligibility form that no other housing options are available

AND

Documentation of lack of financial resources or support network to obtain other permanent housing
If unable to obtain written documentation, may obtain oral* statement.

AND

For Non-Victim Service Providers only, must also document (if no threat to safety):

Third-party written referral by an organization from whom assistance was sought for domestic violence

OR

Intake worker observations

* All third-party oral statements detailing the client(s) homeless status must be recorded, signed and dated by the intake worker as true and complete.
 ** Due diligence must describe efforts to obtain third-party documentation (e.g. phone logs, email correspondence, copies of certified letters), including outcome of effort and obstacles encountered, and must be signed and dated by intake staff as true and complete
 *** Intake worker must certify that statement is found credible. To be credible, the statement must be verified and documented by the owner or renter

Acronyms							
CoC	ES	ESG	PSH	RRH	SSO	TH	
Continuum of Care Program	Emergency Shelter	Emergency Solutions Grant	Permanent Supportive Housing	Rapid Rehousing	Supportive Services Only	Transitional Housing	

Name/Title of Person Completing Form _____

Signature _____ Date _____