



HUD Chronic Homelessness Documentation Checklist

Permanent Supportive Housing

An individual is defined by HUD as "Chronically Homeless" if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

Client Name: _____

HMIS Number: _____

Disability Documentation Checklist

Individual (or head of household) has a documented disability: Yes No

Documentation included in submitted packet: Yes No

Disability documentation can include: written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently (This includes the Detroit CoC Verification of Disability Form) or written verification from the Social Security Administration or the receipt of a disability check.

Current Living Situation

Client must currently be in one of these locations in order to be considered chronically homeless.

Client is currently residing:

- In Emergency Shelter
- On the Streets/Place not Meant for Human Habitation
- In the Safe Haven
- In an Institutional Care Facility (Where they have been for fewer than 90 days)

Name of program (or cross streets where client can be found): _____

Documentation Attached: Yes No

Eligible documentation includes a signed and dated letter from emergency shelter or Safe Haven provider indicating the client is currently staying in the shelter or a signed and dated street outreach verification letter.

Time Accumulation Worksheet

In order to qualify for Chronic Homeless Status, a person must have **(A)** been continuously homeless for the last 12 months OR **(B)** has a minimum of 4 occasions of homelessness over the past 3 years, totaling a minimum of 12 months. The applicant must have accumulated at least 12 months of homelessness. Occasions are broken up by breaks. A break is determined by the person having been in a place meant for human habitation (friend's couch, hotel room, renting a room, etc.) for a period of at least 7 nights OR in an institutional setting for a period of more than 90 days. Breaks may be documented entirely from self-certification. Stays in places meant for human habitation for less than 7 nights and/or institutional settings for less than 90 days do not count as breaks and can be counted toward the client's homeless time accumulation.

- A.**
 Client has been continuously homeless for the last 12 months

Category A: Continuously homeless for the last 12 months

		Actual Time Period being Documented		Method of Verification			
Occasion #	# of Months	Start Date	End Date	Homeless Situation/ Provider	HMIS	3 rd Party	Self-Cert
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-OR-

- B.**
 Client has had a minimum of 4 occasions of homelessness over the past 3 years totaling a minimum of 12 months

Category B: Episodic homelessness

		Actual Time Period being Documented		Method of Verification			
Occasion #	# of Months	Start Date	End Date	Homeless Situation/Provider (streets, shelter, Safe Haven, etc.)	HMIS	3 rd Party	Self-Cert
1			<i>Present</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total # Occasions	Total Months						