CHAMP 3rd Party Chronic Homeless Verification

Instructions:

This verification must be completed by a referring outreach worker or homeless service provider with direct knowledge of the client's situation. If an agency provides both outreach/homeless services and PSH services, verification may not be provided by PSH staff who do not have direct knowledge, but may be provided by staff affiliated with outreach/homeless services.

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 that total 12 months. Instances when the individual resided or is currently residing in an institutional care facility (e.g. jail, hospital, detox) will not count as a break in homelessness as long as the stay is less than 90 days and the individual was homeless before entering the facility. 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).

Documentation verifying the client's homeless and disability status must meet HUD criteria and be attached to this document in order for it to be considered complete. Completed packet including attachments should be scanned as a single file and attached to client's HMIS CHAMP profile.

HUD has an order of priority for the source of verifying a person's homeless status:

1. HMIS database – records from HMIS must show stay in emergency shelter or contacts from street outreach workers; meals or other services do not verify homeless status.
2. Written observation by an outreach worker – written observations from outreach workers that are not recorded in HMIS must include a description of the conditions where the individual or head of household is currently living and dates that observations were made.
3. Written observation by community member/service provider –
    a. community members who can verify homelessness include shopkeepers, building owners, or neighborhood residents; observations must include specific months that the client was observed and a description of the setting (case managers may document a conversation with a community member including this information if the community member is unwilling to provide written documentation)
    b. housing or service providers who can verify homelessness include law enforcement, healthcare professionals, educators, or others who have encountered an individual experiencing homelessness while in their official professional capacity; documentation from service providers may only count as 3rd party for specific months when they physically encountered the individual
4. Self-certification – must be a written description of the literal homeless location where the individual resided, including dates, and must be signed by the individual. If using self-certification, the case manager must also document steps taken to get verification from sources 1-3 before relying on self-certification.

HUD does not require that every day of a client's homelessness be documented. A single encounter that can be documented by one of the above sources is sufficient to count the entire month **unless** there is clear evidence of a break. A break is defined as any 7 nights or longer in a setting other than shelter, streets, or an institution. Stays in an institution of 90 days or longer are also considered a break. (ex. A client who has one night in shelter documented in HMIS and reports being on the streets the rest of the time can count the entire month as homeless. A client who has 2 weeks documented in HMIS in emergency shelter and 2 weeks documented in HMIS in transitional shelter can only count 2 weeks toward chronic homeless time.)

More information on documentation can be found at HUD exchange.

CHAMP 3rd Party Chronic Homeless Verification

Client Name:	**Date of Birth:**
Number in Household:	**Client Head of Household:** ☐ Yes ☐ No

Current Housing Status

At the time of application to PSH, client must be in one of the following settings.

Client is currently residing:

☐ In Emergency Shelter

☐ On the Streets/Place not meant for human habitation

☐ In an Institutional Care Facility (where they have been for fewer than 90 days, if they were homeless prior to entering the facility)

Start date at current location:

Client's Current Location Name/Address/General description of encampment (as applicable):

Date client engaged with referring agency's program:

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current sheet:

Total number of breaks current sheet:

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current and prior sheet(s):

Total number of breaks current and prior sheet(s):

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current and prior sheet(s):

Total number of breaks current and prior sheet(s):

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current and prior sheet(s):

Total number of breaks current and prior sheet(s):

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current and prior sheet(s):

Total number of breaks current and prior sheet(s):

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 2 Homeless Verification

Month	Check all settings where client stayed during the month	If yes for institution or other, list location and dates. Episodes of literal homelessness are separated by a break of at least 7 nights; stays in an institution of less than 90 days are not breaks.	Were there any breaks in homelessness during month:	How is homelessness for this month verified?	If observation, are dates and descriptions attached?	If self-report, is documentation of efforts at other verification attached?
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No
Month/year:	☐ Shelter ☐ Streets ☐ Inst. ☐ Other	Location: From: To: Location: From: To:	☐ Yes ☐ No	☐ HMIS ☐ Outreach observation ☐ Community member observation ☐ Ct self-report	☐ Yes ☐ No	☐ Yes ☐ No

Total number of months homeless current and prior sheet(s):

Total number of breaks current and prior sheet(s):

Continue documenting homeless status until 12 months literal homelessness with no breaks is reached OR until 4 episodes within the last 3 years equaling 12 months is reached, then go to Part 3.

Part 3 Disability Verification

The term "homeless individual with a disability" means an individual who is homeless, as defined in section 103 of the McKinney-Vento Homeless Assistance Act, and has a disability that

- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

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

Substance use disorder, mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, chronic illness or disability.

☐ Yes

☐ No

Documentation Attached:

☐ Awards letter from SSA identifying SSI/SSDI benefits or from the VA dated within the calendar year; OR

☐ Written verification of the disability from a licensed professional

Additional program specific documentation may be required upon selection for a specific property.

Part 4 Client and Staff Certifications

Client Certification:

To the best of my knowledge and ability, all the information provided in this document (including any self-certifications) is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied. It is my responsibility to notify my CHAMP case manager of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

Client Name: (Printed)	**Client Signature:**	**Date:**

Staff Certification:

To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.

Staff Name: (Printed)	**Staff Signature:**	**Date:**
Staff Role:	**Agency:**	

Please remember to attach:

- Documentation of observations, including dates
- Documentation made of efforts to avoid relying on self-certification
- Proof of disability status