

Kansas Balance of State Continuum of Care (KS BoS CoC) Chronic Homelessness Documentation Packet

Summary:

The purpose of this Chronic Homelessness Documentation Packet is to assist KS BoS CoC Permanent Supportive Programs (PSH) funded programs with documenting Chronic Homelessness. There is no requirement of its use and is meant only to serve as a guide and tool to ease the process of documentation. This packet is not inclusive of all the HUD required Record Keeping Standards and PSH Eligibility Requirements according to 24 CFR 578.



Kansas Statewide
Homeless Coalition

Chronic Homeless Checklist

PSH Applicant Name: _____ PSH Program: _____

Staff Name: _____ Date: _____

CHRONIC HOMELESS STATUS

The head of household who meets the following criteria is chronically homeless.

1. Literally Homeless: The person must meet one of these (check one):

- Currently living in an emergency shelter.
- Currently living in motel/hotel paid for by charitable organizations, federal, state, or local government.
- Currently living in a place not meant for human habitation.

OR

- Currently in an institution (i.e. mental health facility, prison, hospital) but has been there less than 90 days and was living in one of the above locations immediately prior to entering the institution.

2. Length of Homelessness: The person must meet one of these (check one):

- Has been continuously homeless for 12 months or more.
(If the individual was in an institution, this does not count as a "break" in the 12 months if he/she has been there less than 90 days and was living in a shelter or place not meant for human habitation immediately prior to entering the institution.)

OR

- Has had at least 4 episodes of homelessness in the last 3 years. These episodes of homelessness must total at least 12 months or more. Each episode must be separated by a break of at least 7 consecutive nights.

Refer to the Chronic Homeless Timeline Section

3. Disability: The person must have a documented disability.

Does the applicant have a *documented* disability?

- Yes No

**To document disability from a licensed qualified professional,
Refer to the Verification of Disabling Condition by a Qualified Professional Section**

This household is considered Chronically Homeless if all three of these criteria are met.

Literally Homeless, Length of Homelessness and Disability must follow Record Keeping Standards

Refer to the Chronic Homeless Documentation Section

Chronic Homeless Timeline

Note: For persons with at least 4 episodes of homelessness, you must also list and document that there was a break between each episode of homelessness of at least 7 consecutive nights.

Does this Timeline support 12 consecutive months of homelessness?

- Yes No

OR

Does this Timeline support 4 episodes of homelessness that add up to 12 months or more?

- Yes No

If No for both, this person is not Chronically Homeless as they do not meet the Length of Homelessness requirement at this time.

Verification of Disabling Condition by a Qualified Professional

Applicant's Name: _____

DOB: _____

This form verifies that the applicant named above has a disabling condition necessary for determining eligibility for a HUD CoC Permanent Supportive Housing Program. A person shall be considered to have a disabling condition if he or she has one or more of the following:

1. A substance use disorder;
2. A serious mental illness;
3. A developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
4. Post-traumatic stress disorder;
5. Cognitive impairments resulting from a brain injury;
6. A disability as defined in Section 223 of the Social Security Act;
7. A physical, mental, or emotional impairment which is:
 - a. expected to be of long-continued and indefinite duration,
 - b. substantially impedes an individual's ability to live independently, and
 - c. of such a nature that such ability could be improved by more suitable housing conditions;
8. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome;

Acceptable Qualified Professional

In addition to MD's, the following is a list of acceptable qualified professionals determined by HUD to diagnose a disability: LMSW (Licensed Master Social Worker), LCSW (Licensed Clinical Social Worker), LPHP (Licensed Practitioner Health Professional), LNP (Licensed Nurse Practitioner), LCDC (Licensed Chemical Dependency), LPC (Licensed Professional Counselor), LMFT (Licensed Marriage Family Therapy), PhD (Licensed Psychologist)

Disability Diagnosis: _____

Printed Name of Qualified Professional: _____

License Number: _____

Agency or Clinic Name: _____

Phone Number: _____ Fax Number: _____

By signing below, you are verifying that this applicant has the condition as stated above & that you are qualified to make that diagnosis.

Signature/Credentials: _____ Date: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the release of the requested information pertaining to my disability to the Agency named above.

Applicant's Signature

Date

Chronic Homeless Documentation

ACCEPTABLE DOCUMENTATION OF HOMELESSNESS

Documentation of homelessness must be verified by one of the following:

- Letter or recorded oral statement from another housing or service provider
- Letter or recorded oral statement from an outreach worker describing conditions where the individual/family was living
- Letter or recorded oral statement from a community member describing conditions where the individual/family was living
- An HMIS Record using HMIS “screenshots” that shows the applicant’s name, name of emergency shelter and entry and exit dates into the shelter.
- Self-Certification Statement signed by the client. Only 25% of a PSH program’s participants can use self-certification to document more than 3 months of homelessness. However, there is no limit on how many breaks of at least 7 days can be documented via self-certification.
- If the person stayed in/is coming from an institution:
 - Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker.
 - If this is not obtainable, then include a written record of the intake worker’s due diligence in attempting to obtain that evidence and a certification by the individual seeking assistance that states that he/she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days.

IMPORTANT NOTES ABOUT HOMELESS DOCUMENTATION:

- All documentation must specifically state the dates that the person was homeless and must state that the applicant was sleeping in a shelter or in a place not meant for human habitation (i.e. the letter must state that the client was “sleeping in a park” not simply that he was “homeless.”)
- Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation or an emergency shelter for the entire calendar month unless there is evidence that there was a 7 night “break” during that month.

DOCUMENTATION OF DISABILITY

To document disability, the person must have one of the following:

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability. The certification should state that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently. The licensed professional should sign the verification and include his/her credentials.
- Written verification from the Social Security Administration
- Receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation)
- Intake staff-recorded observation of disability that, no later than 45 days from program intake, is confirmed and accompanied by evidence listed above; or
- Other documentation approved by HUD

IMPORTANT NOTES ABOUT DISABILITY DOCUMENTATION:

Documentation from the Social Security Administration should show that the applicant is receiving *disability related* benefits.