

Allegheny County Continuum of Care (PA-600) ESG-CoC Written Standards

The Allegheny County Continuum of Care (PA-600) is committed to ensuring that eligible individuals and families experiencing homelessness have fair and equal access to services for which they are eligible. The Continuum of Care (CoC) does not discriminate against any individual or family experiencing homelessness based on race, gender, age, ancestry, religion, ethnicity, sexual orientation, gender identity, disability, familial status, or any other protected class currently listed in federal, state, or local ordinances in the provision of services within the CoC.

At this time, the Allegheny County CoC only makes referrals to housing programs within the Continuum of Care for any individual or family experience literal homelessness (living on the streets, in an emergency shelter, safe haven, or place not meant for human habitation), is facing the immediate (today or tonight) loss of their current housing, or is coming from transitional housing as described below. The Allegheny County CoC has adopted CPD-16-11, HUD’s Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, as well as CPF-17-01, HUD’s Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Further, the CoC has expanded the prioritization practices to the Rapid Rehousing, Bridge and Transitional Housing programs. Therefore, households designated as Chronically Homeless are prioritized throughout the entire system. Additionally, the CoC has adopted the local priorities of Veterans, Youth (age 18-24) and those fleeing domestic violence. These have been implemented at “tie-breakers,” where chronicity, length of time homeless and vulnerability are equal across two households. As such, **the waiting list for housing programs within the CoC follows the prioritization outlined below, which incorporates the Orders of Priority in HUD Notice CPD-16-11.** For non-housing programs, including rental assistance and prevention programs, the CoC will refer individuals and families experiencing homelessness or housing instability for service based upon the priorities and guidelines outlined below for those specific project types.

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I. Definitions

Chronically Homeless. The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the Final Rule 24 CFR Parts 91 and 578 which states that a chronically homeless person is:

1. An individual who:
 - a) Is experiencing homelessness and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b) Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. Occasions are separated by a break of at least seven nights.
 - c) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. For a family to qualify as chronically homeless, the Head of Household must have a documented disability.

HUD Homeless. The HEARTH Act defines a homeless person or family as:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;
2. Individuals and families who will imminently lose their primary nighttime residence;
3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition;¹ or
4. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

HAP Homeless. The PA Homeless Assistance Program (HAP) defines a homeless person as:

1. residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health, drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence, needs a safe place to reside;

¹At this time, the Allegheny County Continuum of Care does not have permission to use this definition #3 to qualify persons as homeless.

2. having received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement.
3. living in a “doubled-up” arrangement for six months or less on a temporary basis;
4. living in a condemned building;
5. living in housing in which the physical plant presents life and/or health threatening conditions; e.g., having dangerous structural defects or lacking plumbing, heat, or utilities; or
6. living on the streets, in cars, doorways; etc.

Length of Time Homeless: Length of Time Homeless is calculated based upon an individual or family’s request for service (their referral date and time) unless other third party written documentation can be obtained that will document an individual or family’s homelessness episode beginning at an earlier date.

Risk of Harm Level: The Allegheny County CoC measures risk of harm on a scale using the Allegheny Housing Assessment (AHA). AHA is a decision support tool designed to help prioritize admissions to supportive housing services for individuals or families experiencing homelessness. The tool uses administrative data from Allegheny County’s data warehouse to predict the likelihood of three types of events occurring in a person’s life if they remain un-housed over the next 12 months: a mental health inpatient stay, a jail booking and frequent use (4 or more visits) of hospital emergency rooms. These events serve as indicators of harm if a person remains un-housed. Like the previous assessment tool (VI-SPDAT), the AHA assigns a risk score that is used as part of the housing prioritization process, but it is far more accurate and equitable and doesn’t require the time or trauma associated with asking sensitive questions at the time of housing crisis¹.

Near Homeless/Imminently Homeless: Individuals and families are near homeless or imminently homeless if they are facing eviction and/or having received either written or verbal notification from the landlord or mortgage holder that they will lose their housing unless some type of payment is received. Verbal notification must be followed up with written documentation.

II. Eligibility for Services in the CoC

Individuals and families seeking assistance from the Allegheny County Continuum of Care must qualify as homeless under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act for federally funded programs or as homeless under the Pennsylvania Homeless Assistance Program (HAP) for state funded homeless programs.

Please be aware that HUD strongly recommends that Third Party Documentation is the preferred method of documentation. Self-Certification is acceptable; however, as a last resort. Agencies/programs should seek either Third Party Documentation or Oral Third-Party Documentation before resorting to Self-Certification.

For Further information on eligibility and documenting homelessness, please see **Appendix A: Verification and Documentation of Homelessness and At Risk of Homelessness** at the end of this document.

Other than documented homelessness or near homelessness, no other conditions (other than those eligibility requirements for specific programs) exist for service in the Allegheny County Continuum of Care. Specific eligibility requirements must be related to the provision of services to a specific target population approved by the Allegheny County Homeless Advisory Board, including Veterans, persons with specific disabilities or disabling conditions, former youth involved in the child welfare system, ex-offenders, survivors of domestic violence, or other sub-populations that the CoC identifies as a priority or target population. Providers may also impose other selection criteria as a condition of program enrollment, but those criteria must be related to the

¹ More information about the Allegheny Housing Assessment (AHA), methodology details and ethic reviews, can be found at <https://www.alleghenycounty.us/Human-Services/News-Events/Accomplishments/Allegheny-Housing-Assessment.aspx>

provision of necessary services and be related to a successful completion of the program. **The Allegheny County CoC has formally adopted Housing First, and barriers like clean time, job training and employment requirements have been removed.**

At this time, the Allegheny County CoC only makes referrals to housing programs within the Continuum of Care for any individual or family who is literally homeless (living on the streets, in an emergency shelter, safe haven, or place not meant for human habitation), is facing the immediate (today or tonight) loss of their current housing, or is coming from transitional housing as described below. The waiting list of referrals for housing programs within the CoC will follow the prioritization outlined below. For non-housing programs, including rental assistance and prevention programs, the CoC will refer homeless and near homeless individuals and families for service based upon the priorities and guidelines outlined below for those specific project types.

The Allegheny County Continuum of Care will exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in these Written Standards. The CoC recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers will continue to make attempts with those persons using a housing first approach to place as few conditions on a person's housing as possible and the CoC will work with CoC funded housing providers to reduce barriers to entry and adopt a housing first approach.

III. Prioritization for All Permanent Supportive Housing Units

Permanent Supportive Housing is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support. Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. It is the most service rich of all housing interventions in the Continuum of Care and, thus, should be reserved for those who need that level of service the most. Because of this, the Allegheny County Continuum of Care will prioritize those who would benefit most by this intervention in accordance with the priorities set below.

Within the Allegheny County CoC, Permanent Supportive Housing referrals are prioritized for those individuals and families who are experiencing homelessness and have the highest risk of harm level if not housed. Risk level is determined utilizing the Allegheny Housing Assessment (AHA). AHA scores, ranging from 1-10, are used to prioritize individuals and families for PSH, with the highest scoring households receiving priority for services.

Currently, the same prioritization process is used for Dedicated Chronic PSH beds, Prioritized Chronic PSH beds, and other PSH beds. Persons experiencing chronic homelessness are prioritized for placements throughout the entire continuum.

Once participants are identified as literally homeless and receive an AHA score, referrals to permanent supportive housing programs are prioritized as follows:

(1) Chronically Homeless Individuals and Families²

² Given the HUD definition of Chronic Homelessness, this prioritization process incorporates the First and Second Priorities for PSH dedicated or prioritized for persons experiencing chronic homelessness as outlined in **HUD Notice CPD-14-012**.

- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

(2) Non-chronic Homeless Individuals and Families³

- Must have a disability
- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

Individual projects may still serve target populations (e.g. veterans, persons with HIV/AIDS, people with mental illness), but individuals will be referred to those projects based on the priorities identified above. In cases where there are multiple individuals or families that have the same prioritization category, veterans and veterans who are ineligible for homeless services under the US Department of Veterans Affairs (VA), persons and families actively fleeing domestic violence, and youth (ages 18-24) will be prioritized above others. The final tie breaker will be the date and time that the referral for service was made.

Emergency Transfer Policy

The CoC prioritizes safety and trauma-informed, victim-centered services across the system. Collaborating with the CoC's VAWA-funded agencies, DV trainings are provided to coordinated entry staff on a rolling basis, including training on identification, intervention, referrals, and safety issues. Additionally, the coordinated entry staff receive trauma informed care and mental health first aid trainings. Coordinated entry staff assisting survivors of domestic violence confirm that a safety plan is in place; if not, immediate safety issues are discussed, and the client is directly connected to a domestic violence provider for ongoing safety planning. Coordinated Entry staff ensure that the client can share information safely during the contact and are transparent about information collection and storage. Through coordinated entry, individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer), non-victim service agencies (via HMIS), or both. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service.

When an emergency transfer is needed the provider or client notifies coordinated entry and parties work together to respond to the immediate safety needs to develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, coordinated entry will make accommodations for new units for each eligible member. If a new unit is not immediately located, the family can remain in the current unit or transfer to an emergency or DV shelter until a new unit is identified.

IV. Prioritization for Rapid Re-Housing Units

Rapid re-housing is the practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, which is usually housing in the private market. Services to support rapid re-housing include housing search and landlord negotiation, short-term financial and rental assistance, and the delivery of home-based housing stabilization services, as needed. Priority is placed on helping individuals and families move into permanent housing as rapidly as possible and providing services to help them maintain housing. Rapid re-housing has demonstrated effectiveness in reducing homelessness. Rapid re-housing also increases turnover in shelters, which allows them to accommodate more participants without increasing capacity.

All rapid re-housing programs are expected to implement Progressive Engagement, a nationally recognized best practice in homeless services which provides customized levels of assistance to participants and preserves the

³ This prioritization process incorporates the Third and Fourth Priorities for PSH prioritized for persons experiencing chronic homelessness as well as the First, Second, Third and Fourth Priorities for PSH not prioritized for persons experiencing chronic homelessness as outlined in **HUD Notice CPD-14-012.5**

most expensive interventions for households with the most severe barriers to housing success. This allows a program to stretch resources to serve more households, while meeting the appropriate level of need for its participants. Each program is provided the flexibility to most effectively target scarce resources by assessing clients' strengths and challenges over time⁴. Caseworkers must be trained to assess the appropriate level of assistance needed to maintain housing; recognizing when a person has achieved enough stability or when they will need further assistance. At program start, participants should be assessed for level of rent and move-in assistance needed. While up to 100% rental assistance can be provided, the intent of rapid re-housing is to give individuals and families what is needed for stability and not more. Participants' required level of assistance should be assessed monthly, while their eligibility for services should be recertified every three months⁵. Over time, the amount of rental assistance should be reduced as the participant gains the ability to pay more and to prepare the participant for self-sufficiency as quickly as possible. Similarly, participants are able to be enrolled in a rapid re-housing program for up to 24 months, but the majority should be able to achieved self-sufficiency in a shorter amount of time and the expectation is that most clients will be enrolled in rapid re-housing for less than 12 months. Case management may continue for no more than 6 months after rental assistance has ended and the total number of months of case management assistance can be received must never exceed 24 months.

Within the Allegheny County CoC, Permanent Supportive Housing referrals are prioritized for those individuals and families who are experiencing homelessness and have the highest risk of harm level if not housed. Risk level is determined utilizing the Allegheny Housing Assessment (AHA). AHA scores, ranging from 1-10, are used to prioritize individuals and families for PSH, with the highest scoring households receiving priority for services.

Once participants are identified as literally homeless and receive an AHA score, referrals to rapid re-housing programs are prioritized as follows:

(3) Chronically Homeless Individuals and Families

- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

(4) Non-chronic Homeless Individuals and Families

- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

The Allegheny County CoC will follow the order of priority above for all Rapid Re-housing programs. Individual projects may still serve target populations (e.g. veterans, persons with HIV/AIDS, people with mental illness), but individuals will be referred to those projects based on the priorities identified above. In cases where there are multiple individuals or families that have the same prioritization category, veterans and veterans who are ineligible for homeless services under the US Department of Veterans Affairs (VA), persons and families actively fleeing domestic violence, and youth (ages 18-24) will be prioritized above others. The final tie breaker will be the date and time the referral for service was made.

Emergency Transfer Policy

The CoC prioritizes safety and trauma-informed, victim-centered services across the system. Collaborating with the CoC's VAWA-funded agencies, DV trainings are provided to coordinated entry staff on a rolling basis, including training on identification, intervention, referrals, and safety issues. Additionally, the coordinated entry staff receive trauma informed care and mental health first aid trainings. Coordinated entry staff assisting survivors of domestic violence confirm that a safety plan is in place; if not, immediate safety issues are discussed,

⁴ The exception to this are RRH programs funded with ESG. These programs can only serve participants for up to one year. They provide up to 100% rental assistance for the first 9 months and up to 75% for the last 3 months.

⁵ Programs need to develop a standard assessment process for determining assistance level; [The Road Home Rapid Rehousing Program Stability Conversation Guide](#) and Snohomish County's [Fenn-Jorstad Self Sufficiency Matrix](#) provide examples to guide such assessment.

and the client is directly connected to a domestic violence provider for ongoing safety planning. Coordinated Entry staff ensure that the client can share information safely during the contact and are transparent about information collection and storage. Through coordinated entry, individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer), non-victim service agencies (via HMIS), or both. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service.

When an emergency transfer is needed the provider or client notifies coordinated entry and parties work together to respond to the immediate safety needs to develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, coordinated entry will make accommodations for new units for each eligible member. If a new unit is not immediately located, the family can remain in the current unit or transfer to an emergency or DV shelter until a new unit is identified.

V. Prioritization for Transitional, Bridge, and PennFree Bridge Housing Units

Transitional⁶, bridge, and PennFree bridge housing programs (together referred to as transitional housing) provide temporary residence—up to 24 months—for people experiencing homelessness. Housing is combined with wrap-around services to assist the individual with developing stability in their lives. Transitional housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Within the Allegheny County CoC, transitional housing referrals are prioritized for those individuals and families who are experiencing homelessness and have the highest risk of harm level if not housed. Risk level is determined utilizing the Allegheny Housing Assessment (AHA). AHA scores, ranging from 1-10, are used to prioritize individuals and families for PSH, with the highest scoring households receiving priority for services.

Once participants are identified as literally homeless and receive an AHA score, referrals to transitional housing programs are prioritized as follows:

(1) Chronically Homeless Individuals and Families

- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

(2) Non-chronic Homeless Individuals and Families

- The waiting list is then ordered by AHA score, from highest to lowest, and consideration of length of time homeless.

The Allegheny County CoC will follow the order of priority above for all Transitional Housing programs. Individual projects may still serve target populations (e.g. veterans, persons with HIV/AIDS, people with mental illness), but individuals will be referred to those projects based on the priorities identified above. In cases where there are multiple individuals or families that have the same prioritization category, veterans and veterans who are ineligible for homeless services under the US Department of Veterans Affairs (VA), persons and families actively fleeing domestic violence, and youth (ages 18-24) will be prioritized above others. The final tie breaker

⁶ The Allegheny County CoC has prioritized permanent housing solutions for CoC Program funds. The CoC has reallocated most funds previously used for costly and less effective Transitional Housing programs into permanent housing options. Non-HUD funding is used to provide Transitional Housing options for populations that have demonstrated success in these program types.

will be the date and time that the referral for service was made.

Emergency Transfer Policy

The CoC prioritizes safety and trauma-informed, victim-centered services across the system. Collaborating with the CoC's VAWA-funded agencies, DV trainings are provided to coordinated entry staff on a rolling basis, including training on identification, intervention, referrals, and safety issues. Additionally, the coordinated entry staff receive trauma informed care and mental health first aid trainings. Coordinated entry staff assisting survivors of domestic violence confirm that a safety plan is in place; if not, immediate safety issues are discussed, and the client is directly connected to a domestic violence provider for ongoing safety planning. Coordinated Entry staff ensure that the client can share information safely during the contact and are transparent about information collection and storage. Through coordinated entry, individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer), non-victim service agencies (via HMIS), or both. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service.

When an emergency transfer is needed the provider or client notifies coordinated entry and parties work together to respond to the immediate safety needs to develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, coordinated entry will make accommodations for new units for each eligible member. If a new unit is not immediately located, the family can remain in the current unit or transfer to an emergency or DV shelter until a new unit is identified.

VI. Prioritization for Emergency Shelter Units

An emergency shelter is a facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless for a period of 60 days or less. Supportive services may or may not be provided in addition to the provision of shelter. Emergency shelters are designed to provide short-term, temporary assistance to individuals and families with no other resources, supports, or housing options. Homeless individuals and families are placed first come, first serve.

VII. Prioritization for Prevention Units

The services under this component may include housing relocation and stabilization services as well as short- and medium-term rental assistance to prevent an individual or family from becoming homeless. Through this component, recipients and sub-recipients may help individuals and families at-risk of homelessness (near homeless) to maintain their existing housing or transition to new permanent housing. Eligibility for prevention programs includes households who are HUD homeless, HAP homeless, and near homeless.

Priority is given to individuals and families who are facing imminent eviction i.e. an order of possession has been issued and a "lock-out" date has been identified.

**APPENDIX A: Verification and Documentation of Homelessness and At Risk
of Homelessness**

Verification and Documentation of Homelessness and At Risk of Homelessness

Procedure

On January 4, 2012, HUD regulations were published which established four categories of homelessness and three categories of at risk of homelessness. These regulations require that homeless providers of service must document homelessness or at risk of homeless prior to entry into a HUD Supportive Housing Program (SHP) or Emergency Solutions Grant (ESG) funded program.

HUD has mandated that all Continuums of Care establish a standardized format and forms for documenting homelessness across the Continuum beginning with contracts funded and implemented in the 2011 HUD Supportive Housing Program. Documenting homelessness is required for ALL HUD SHP and ESG programs. Attached to this procedure are specific Checklists corresponding to the specific definition of Homelessness in accordance with HUD directives. The Checklists have specific programs that apply to the categories of homeless and at risk of homeless. This check list should be utilized as a tool and guidance to ensure that homeless verification steps are followed, and adequate documentation is secured for each consumer or household. A copy of the checklist with the specific type of homeless category should become a part of the consumer file.

In addition, HUD is requiring a specific order of documenting homeless situations. Homelessness verification can be documented in one of three ways:

a. Third Party documentation –

(1) Every attempt should be made to secure written third-party documentation for consumers entering Transitional or Permanent Housing Program.

- i. Letter must be on letterhead or the Agency Standardized Certification Form can be utilized with appropriate information completed related to the organization.
- ii. Letter or Agency Standardized Certification Form must state name of the individual and/or family members, date of birth and SSN if available i.e. John Brown (DOB 12-11-1957) No SSN available or SSN 444-33-1234.
- iii. Letter or Agency Standardized Certification Form must indicate the specific dates of stay at shelter or observations of homelessness
- iv. Letter or Agency Standardized Certification Form must indicate the specific reason/condition of homelessness i.e. John Brown has been residing under the 10th Street Bridge for the past 6 months as documented by OSN. Or John Brown has been residing at the EECM shelter for 10 days
- v. Agency Standardized Certification Form must be fully completed.
- vi. Signed and dated by appropriate third-party representative.

Examples: case management, director of agency, etc.

(2) Oral Third-Party Documentation – Record information from verifying individual in the case record utilizing the Oral Third-Party Statement form.

This form should be complete with as much detail as possible to verify the person's/family's homeless situation. This information could be from phone conversation or face-to-face conversation with a case worker, intake worker, etc. If an intake/outreach worker is utilized for verification, the report should include

- i. Intake/Outreach worker observation
- ii. Intake/Outreach worker should validate through observation why they think the person is homeless.

- (3) Consumer Standardized Certification from the person seeking assistance- Self certification by the individual stating they are homeless.

Please be aware that HUD strongly recommends that Third Party Documentation is the preferred method of documentation. Self-Certification is acceptable; however, as a last resort. Agencies/programs should seek either Third Party Documentation or Oral Third-Party Documentation before resorting to Self-Certification.

Specific forms have been established to document homelessness according to each checklist. Please note in all cases of documentation, signatures are required on the forms or letters. This information must be in each case record. These forms MUST be utilized across the system in accordance with the HUD regulations and will be reviewed at the time of monitoring visits.

The following tools have been developed and are expected to be utilized by ALL HUD SHP and by all HAP providers who are providing documentation to any HUD providers or are receiving Emergency Solutions Grant funding:

1. Four Checklists of Documenting Homelessness by Category
 - a. Select one of the forms that best relates to the individual's/household's homelessness must be in the consumer's file
 - b. Place the consumer name/family names on the form.
 - c. Select the most appropriate form and utilize the skip pattern within the tool to collect the necessary documentation.
2. Three Checklists for At Risk of Homelessness Documentation by Category
 - a. Select one of the forms that best relates to the individual's/household's homelessness must be in the consumer's file
 - b. Place the consumer name/family names on the form.
 - c. Select the most appropriate form and utilize the skip pattern within the tool to collect the necessary documentation.
3. Third Party Letter to Validate Consumer state of Homelessness
 - a. Must be on Agency Letterhead
 - b. Must state the individual or family household name with names of all the family members who are experiencing homelessness.
 - c. Must have birth date of individual/household members/Social Security Numbers if known.
 - d. Length of Time homeless
 - e. Dates of stay spent in Emergency Shelter or in this state of homelessness if applicable
 - f. Location of where they were staying if not at the Third-Party Agency/ Shelter

- g. Other appropriate information related to proof of homelessness
 - h. Signed and dated by appropriate third-party representative. Examples: case manager, director of agency, etc.
 - i. If referral is from the Justice System, the letter must include proof that the person was homeless prior to entering the jail and the person was in jail for 90 days or less. If the jail does verify homelessness prior to entering the jail, then a self- certification form is not needed.
4. Agency Standardized Certification Form
- a. An Agency Standardized Certification Form may be utilized in place of a third-party letter.
 - b. All sections of the form must be completed including:
 - i. Agency information
 - ii. Date
 - iii. Consumer name/names, birthdate(s), SSN
 - iv. Length of time homeless
 - v. Dates of Stay in Shelter or in the state of homelessness
 - vi. Location of where they were staying if not at the Third-Party Agency Shelter (i.e. car, abandoned building, etc.)
 - vii. Other information related to proof of homelessness
 - viii. Printed name, Signature and dated by appropriate third party representative.
5. Letter or Agency Standardized Certification Form must indicate the specific Intake Worker Standardized Observation Form
- a. Form is completed by intake or case management staff to document specific information related to validating a person's state of homelessness. This information is gathered as a result of observations and beliefs by the intake worker that the consumer is homeless.
 - b. Name of the consumer must be stated.
 - c. All sections of the form should be completed and in appropriate detail as to verify any observations that the worker believes validates a person's state of homelessness.
 - d. Form must be signed and dated by intake worker.
6. Consumer Standardized Certification Form
- a. Form is completed by consumer to certify they are homeless.
 - b. All sections of the form must be completed.
 - c. Form must be signed by consumer and witnessed by intake or case management staff at agency
7. Due Diligence Intake Form
- a. Form is completed by intake or case management staff to document attempts and outcomes of trying to verify consumer's homelessness.
 - b. Name of the Consumer as well as the person who you are attempting to contact.
 - c. Form must have specific dates, times, method of contact and outcome by each contact attempt.
 - d. Form must be signed by intake or case management staff.
8. Oral Certification Form

- a. Form is to validate a conversation that the intake worker or case management staff have had with a specific person to validate consumer homeless situation.
 - b. Form is completed by intake worker or case management staff person completing the specific information from the source, documenting their statement.
 - c. Form must be signed by intake or case management staff.
9. Housing Options Documentation Form
- a. Category 2 of the Homeless Definition requires that other Housing Options should be documented. The Housing Option Form should be utilized to document other options of housing.
 - b. Form must be signed by consumer and witnessed by intake or case management staff at agency
10. Housing Option Documentation Form for Domestic Violence (Category 4)
- a. This self-declaration form can be used to validate homelessness for person meeting Category 4 of the definition of Homelessness.
 - b. Form must be signed by consumer and witnessed by intake or case management staff at agency
11. Resources and Support Network Documentation
- a. This form should be utilized to collect information for Categories 2 and 4 of the Homeless Definition. PLEASE NOTE: For Category 4, if the person is in immediate danger, this form does not need to be completed at the time of intake.
 - b. Financial and Support Network information should be collected and recorded.
 - c. Form must be signed by intake or case management staff
12. Definitions of Specific Laws and Regulations related to Category 3 Unaccompanied Youth under 25 Years of Age follow:

Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a (3))

- (3) Homeless Youth- The term “homeless” used with respect to a youth means an-individual –
- (A) Who is –
 - (i) less than 21 years of age, or, in the case of a youth seeking shelter in a center under Part A, less than 18 years of age or is less than a higher maximum age if the State where the center is located has an applicable State or local law (including a regulation) that permits such higher maximum age in compliance with licensure requirements for child- and youth – serving facilities; and
 - (ii) For the purpose of Part B not less than 16 years of age and either
 - (I) less than 22 years of age; or
 - (II) not less than 22 years of age, as the expiration of the maximum period of stay permitted under section 322(a) (2) if such individual commences such stay before reaching 22 years of age;
 - (B) For who it is not possible to live in a safe environment with a relative; and
 - (C) Who has no other safe alternative living arrangements.

Section 637 (11) of the Head Start Act (42 U.S. C. 9832 (11))

(11) The term “homeless children” has the meaning given the term “homeless children and youths” in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434 a (2).)

Section 41403 (6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2:

(6) The terms “homeless,” “Homeless individual”, and “Homeless person” –

(A) Mean an individual who lacks a fixed, regular, and

(B) Includes –

(i) An individual who –

(I) Is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;

(II) Is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;

(III) Is living in an emergency or transitional shelter;

(IV) Is abandoned in a hospital; or

(V) Is awaiting foster care placement;

(ii) An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or

(iii) Migratory children (as defined in Section 6399 of Title 20) who qualify as homeless under this section because the children are living in circumstances described in this paragraph.

Section 330(h) (5) (A) of the Public Health Service Act (42 U.S.C. 2254 b(h)(5)(A)

(A) Homeless individual

The term “Homeless individual” means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

Section 3 (m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012 (m)

(m) “Homeless individual” means –

(1) An individual who lacks a fixed and regular nighttime residence; or

(2) An individual who has a primary nighttime residence that is –

(A) A supervised publicly or privately-operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations;

(B) An institution that provides a temporary residence for individuals intended to be institutionalized;

(C) A temporary accommodation for not more than 90 days in the residence of another individual; or

(D) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Section 17 (b) (15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786 (b) (15)

- (15) “Homeless Individual” means –
- (A) An individual who lacks a fixed and regular nighttime residence; or
 - (B) An individual whose primary nighttime residence is –
 - (i) A supervised publicly or privately-operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations;
 - (ii) An institution that provides a temporary residence for individuals intended to be institutionalized;
 - (iii) A temporary accommodation of not more than 365 days in the residence of another individual; or
 - (iv) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Section 725 (2)) of the McKinney Vento Homeless Assistance Act (42 U.S.C. 11434a (2) Education for Children and Youth

- 2) The term “homeless children and youths” –
- (A) Means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of Section 11302(a)(1) of this title); and
 - (B) Includes:
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of Section 11302 (a) (2) (C) of this title);
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) Migratory children (as such term is defined in Section 6399 of Title 20) who qualify as homeless for the purposes of this part because the children are living in circumstances described in clauses (i) through (iii).

Resources

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining “Homeless” Final Rule

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Criteria and Recordkeeping Requirements for Definition of Homelessness

https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Related Policies

(OPTIONAL)

Other Important Information

On January 4, 2012, HUD regulations were published which established four categories of homelessness. The following are the four categories of homelessness:

- a. **Literally Homeless (HUD Definition):** An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
- b. **Imminent Risk of Homelessness (HUD Definition):** an individual or family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.
- c. **Homeless under other Federal Statutes (HUD Definition):** unaccompanied youth (under 25) or families with children and youth who do not otherwise qualify as homeless under this definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period of time.
- d. **Fleeing/Attempting to Flee DV (HUD Definition):** any individual or family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

The At-Risk definition was also published as final on January 4, 2012. The following are the categories of At Risk of Homeless:

- a. Category 1 Individual /Family: An individual or family who:
 - i. Has an annual income below 30% of median family income for the area; **AND**
 - ii. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; **AND**
 - iii. Meets one of the following conditions:

1. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 2. Is living in the home of another because of economic hardship; OR
 3. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 4. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
 5. Lives in an SRO or efficiency apartment unit in which there resides more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 6. Is exiting a publicly funded institution or system of care; OR
 7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
- b. Category 2: Unaccompanied Children and Youth: A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
- c. Category 3 Families with Children and Youth: An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Procedure History

This procedure has been in place for all homeless providers of since 2012.

**Allegheny County Department of Human Services
Homeless Verification Checklist
Category 1**

CONSUMER NAME _____

Applies to:	Category of Homelessness Category 1
Street Outreach Emergency Shelter Safe Haven SSO TH PH S+C Rapid Re-housing	Literally Homeless An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing and hotels/motels paid for by charitable organizations or federal, state or local government program for low income individuals). This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.
Check:	Check List of Documentation for Category 1
	A written referral by another housing or service provider (Written statement on letterhead of agency or Agency Standardized Form) Name of Agency _____ OR
	A written observation by an outreach worker of the conditions where the individual or family was living Name of Outreach Worker _____ (Written statement on letterhead or Agency Standardized Certification form or Oral Third-Party Statement Form required) OR
	A certification by the individual or head of household seeking assistance (Consumer Certification form required)
AND For Exiting Institution Check below:	For persons in Category 1 who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution. One of the following documentations must be included:
	Discharge Paperwork OR
	Written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing at the institution (Written statement on letterhead or Agency Standardized Certification form or Oral Third Party Statement Form required) OR
	Written record of the intake worker's due diligence in attempting to obtain either Discharge Paperwork or Written or Oral referral by social worker, case manager, or other appropriate official of the institution AND A certification by the individual seeking assistance that states he or she is exiting or just exited an institution where he or she resided for 90 days or less. (Due Diligence Intake Form required)

Name of Intake Worker or Case Manager

____/____/____
Date Completed

**Allegheny County Department of Human Services
Homeless Verification Checklist
Category 2**

CONSUMER NAME _____

Applies to:	Category of Homelessness Category 2
Emergency Shelter SSO TH Homeless Prevention	Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: (1) residence will be lost within 14 days of the date of application for homeless assistance;(2) No subsequent residence has been identified AND (3) The individual or family lacks the resources or support networks needed to obtain other PH.
Check:	Check List of Documentation Required for Category 2
	Have no subsequent residence identified AND Lack resources or support networks needed to obtain other Permanent Housing (Housing Option Documentation and Resources and Support Network Documentation Form). AND one of the following:
	1 Court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance; OR
	2 Notice of Quit or a Notice to Terminate issued under state law; OR
Exception for Hotel Motel Stays	3 For Individual and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organization or federal, state or local government programs for low-income individuals, the intake worker needs the following: Evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance; OR
	4. An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance (must use Oral Certification Form) AND one of the following:
	a. Written certification by the owner or renter on letterhead stating eviction/loss of housing action with consumer name OR
	b. The intake worker's recording of the owner's or renter's oral statement stating no subsequent residence has been identified and the lack of resources or support networks to obtain PH (Oral Certification Form required) OR
	c. A written certification by the intake worker of his or her due diligence in attempting to obtain the owner's or renter's verification and support documents (Due Diligence Intake Form required) AND the written certification by the individual or head of household seeking assistance that his or her statement was true and complete (Consumer Certification form required).

Name of Intake Worker or Case Manager

____/____/____
Date Completed

**Allegheny County Department of Human Services
Homeless Verification Checklist
Category 3**

CONSUMER NAME _____

Applies to:	Category of Homelessness Category 3
SSO TH Emergency Shelter Homeless Prevention	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who are defined as homeless under: Section 387 of the Runaway and Homeless Youth Act (42U.S.C. 5732a), Section 637 of the Head Start Act (42 U.S.C. 9832), Section 41403 of the Violence Against Women Act of 1994 (42 U.S. C 14043e-2), Section 330(h) of the Public Health Service Act (42U.S. 254b(h)),Section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012); Section 17 (b) of the Child Nutrition Action of 1966 (42U.S.C. 1786 (b)) or Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S. C. 11434a)
Check:	Check List of Documentation Required for Category 3
	Certification of homeless status by the local private nonprofit organization or state or local governmental entity responsible for administering assistance for the applicable legislation listed above (Written statement on letterhead of agency or Agency Standardized Form) Name of Agency _____ AND
Has not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance AND one of the following three items:	
	1.A written referral by another housing or service provider (Written statement on letterhead of agency or Agency Standardized form) Name of Agency _____ OR
	2. A written observation by an outreach worker of the conditions where the individual or family was living Name of Outreach Worker _____ (Written statement on letterhead of agency or Agency Standardized form with specific details as described in instructions) OR
	3. A certification by the individual or head of household seeking assistance on Consumer Standardized Certification Form
Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance AND	
	1. A certification by the individual or head of household seeking assistance on Consumer Standardized Certification Form OR
	2. Recorded statements or records obtained from each owner or renter of housing, provider of shelter or housing or social worker, or other appropriate official of a hospital in which the individual or family resided (Written statement on letterhead of agency or Agency Standardized Form) OR

Check:	Type of Documentation Required for Category 3 (Continued Page 2)
	3. A written certification by the intake worker of his or her due diligence in attempting to obtain statements, records and support documents on Due Diligence Intake form OR
	4. A written certification from the individual or head of household seeking assistance that they were fleeing domestic violence, dating violence, sexual assault, or stalking and they resided at a specific address. (Fleeing Domestic Violence Standardized Form required)
Evidence of Barriers: The condition is expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories or disability or two or more barriers to employment which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.	
	Written diagnosis from a professional who is licensed by the state to diagnose that condition (Must be on Letterhead of Licensed Professional) OR
	Intake staff-recorded observation of disability that within 45 days of the date of application for assistance is confirmed by a professional who is licensed by the state to diagnose and treat that condition (Must be on Letterhead of Licensed Professional) OR
	Employment records AND/OR
	Department of Correction records AND /OR
	Literacy or English proficiency test AND / OR
	Other reasonable documentation or the conditions required under fleeing or attempting to flee Domestic Violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or family member.

Name of Intake Worker or Case Manager

____/____/____
Date Completed

**Allegheny County Department of Human Services
Homeless Verification Checklist
Category 4**

CONSUMER NAME _____

Applies to:	Category of Homelessness Category 4
Street Outreach Emergency Shelter SSO TH PH S+C Rapid Re-housing	Fleeing Domestic Violence: Any individual or family who: is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence. Has no other residence and lacks the resources or support networks to obtain other permanent housing?
Check:	Check List of Documentation Required for Category 4
	A certification by the individual or head of household seeking assistance on Fleeing Domestic Violence Standardized Form stating they are fleeing DV listed above AND
	Where the safety of the household is not in jeopardy: <ol style="list-style-type: none"> 1. Written observation by intake worker on Standardized Intake Observation form; 2. Written referral by a housing or service provider, social worker or other organization from whom the household has sought assistance for domestic violence (Written statement on letterhead of agency or Agency Standardized Form) Name of Agency
	If the individual or family is being admitted to a domestic violence shelter or is receiving services from a victim service provider, the oral statement need only be documented by a certification of the individual or head of household (Oral Documentation Form or by Intake Worker Standardized Observation Form.)
	Documentation of lacking resources or support networks, in non-emergency cases should use the Resources and Social Network Form and Housing Option Documentation Form.
AT NO TIME IF THE PERSON/FAMILY ARE in IMMEDIATE danger should they, the individual or family, be denied access to safe housing because of lack of documentation. A self-certification form should be utilized.	

Name of Intake Worker or Case Manager

____/____/____
Date Completed

**Allegheny County Department of Human Services AT
RISK of Homeless Verification Checklist Category 1**
CONSUMER NAME _____

Applies to	Category of At Risk Homelessness Category 1
Individual or Family AT RISK of Homeless	An individual or family who: (i) Has an annual income below 30% of median family income for the area; (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition;
Check: One or More Below	Check List of Documentation for Category 1 At Risk of Homeless
	A. Earned Income: Payment statement or statement of income from employer/source of income; AND/OR
	B. Pension/Retirement income: Pension Statement or other payment statement from pension provider; AND/OR
	C. Armed Forces Income: Payment statement or statement of income from government official/agency; AND/OR
	D. Unemployment and Disability Income: Most recent benefit or disability income notice from SSI or statement from SSI; AND/OR
	E. Public Assistance, including TANF; Most recent benefit or income notice from public assistance administrator or Statement from public assistance administrator: AND/OR
	F. Alimony and Child Support: Court order or cancelled checks OR
	G. No income reported: A certification by the individual or head of household seeking assistance. (Consumer Standardized Self Certification Form)
AND	
Must Meet this Criteria:	DOES NOT have sufficient resources or support networks: EXAMPLES: family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, transitional housing and hotels or motels paid for by a charitable organization or by federal, state, or local government programs for low – income individuals; (Must be Documented on Consumer Standardized Self Certification Form and other related forms)
	Must also be documented by the most reliable evidence that to show that the program participant does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition. Acceptable evidence includes:
	A. Source documents (e.g. Notice of Termination from Employment, Unemployment Compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears); OR
	B. To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g. former employer, public administrator, relative) or the written certification by the Lead Agency’s intake staff of the oral verification by the relevant by relevant third party that the applicant does not have sufficient resources or support networks (must use Oral Certification Form); OR

	C. To the extent that source documents and third-party verification are unobtainable, a written statement by the Lead Agency’s Intake staff describing the efforts taken to obtain the required evidence (must use Due Diligence Form)
<u>AND</u> Meets one of the following conditions (Consumer Self Certification and Supporting Documentation are REQUIRED for each condition:	
	A. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR (Documentation by self-certification with supporting documents from previous housing/social service provider, letter from tenant/owner and economic reasons demonstrated by completing Consumer Self-Certification Form supported with bills, arrears, utility bills, etc..)
	B. Is living in the home of another because of economic hardship; OR (Documentation: Consumer Self Certification Form supported with other documentation example: Letter from tenant/owner OR a written observation by an intake worker of the conditions where the individual or family was living. AND Consumer Self Certification Form with supporting document such as Notice of Termination, health care bills arrears, utility bills arrears, etc.:
	C. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR (Documentation: Consumer Self Certification Form supported with Eviction Notice or court order to leave within 21 days. If living with another then an eviction letter from tenant; homeowner is required.)
	D. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR (Documentation: Consumer Self Certification Form supported with motel bills/receipts, cancelled personal checks, letter from hotel/motel manager).
	E. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR (Documentation: The severely over-crowded conditions are demonstrated with Consumer Self-certification Form supported with other documentation example: lease or unit details from tax assessor’s office. Must document number of rooms in unit and number of individuals living in unit. Or Notice from Landlord of the person they are staying with cannot continue to stay with them. Example: 25-year-old staying in a Senior Apartment.) OR a written observation by an intake worker of the conditions where the individual or family was living.)
	F. Is exiting a publicly funded institution or system of care; OR (Documentation: Consumer Self Certification and documented discharge papers, bills, referral letter, etc.
	G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved by Consolidated Plan (Self Certification with documented evidence that it meets the parameters of the consolidated plan that has been approved by HUD for the specific jurisdiction.)

Name of Intake Worker or Case Manager

____/____/____
Date Completed

**Allegheny County Department of Human Services AT
RISK OF Homeless Verification Checklist Category 2**

CONSUMER NAME _____

Applies to:	Category of AT RISK of Homelessness Category 2
Youth without Accompanying Adult	A child or youth who does not qualify as “homeless” under the homeless definition, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15))
Check:	Check List of Documentation Required for Category 3
	Certification of homeless status by the local private nonprofit organization or state or local governmental entity responsible for administering assistance for the applicable legislation listed above (Written statement on letterhead of agency or Agency Standardized Form) Name of Agency

Name of Intake Worker or Case Manager

____/____/_____
Date Completed

**Allegheny County Department of Human Services AT
RISK OF Homeless Verification Checklist Category 3
 CONSUMER NAME _____**

Applies to:	Category of AT RISK of Homelessness Category 3
Youth WITH Accompanying Adult	A child or youth who does not qualify as “homeless” under this definition of homeless, but qualifies as “homeless” under section 725(2) of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.
Check:	Check List of Documentation Required for Category 3
	Certification of homeless status by the local private nonprofit organization or state or local governmental entity responsible for administering assistance for the applicable legislation listed above (Written statement on letterhead of agency or Agency Standardized Form) Name of Agency

_____ / _____
 Intake Worker/Case Manager

____/____/____
 Date Completed

Written Documentation of Homelessness from a Third-Party Agency Homelessness Verification Letter

Letters to Validate Consumer Homelessness from a third-party agency must meet the following Criteria:

- +Must be on Agency Letterhead
- +Must state the individual or family household name with names of all the family members.
- +Must have birth date of individual/household members
- +Length of Time homeless
- +Date of stay in Emergency Shelter if applicable
- +Location of where they were staying if not at the Third-Party Agency Shelter
- +Other appropriate information related to proof of homelessness
- +Signed and dated by appropriate third-party representative. Examples: case manager, director of agency, etc.

If referral is from the Justice System, the letter must include that the person was homeless prior to entering the jail and the person was in jail for 90 days or less.

**Allegheny County Department of Human Services
Agency Standardized Certification Form**

Agency Name: Agency
Address: Agency Phone:
Date:

I hereby certify that
Name of Consumer or list all Family members) _____ Birth
Date(s) _____ / _____ / _____
SSN (if known) _____ / _____ / _____

Has been homeless from (specific dates) _____

The individual/ family has been staying at (location or conditions) _____ for the period of time
(specific dates or time frame i.e., June 1 to June 15, 2012) _____.

List other relative information related to homeless situation or lack of resources or social supports:

I hereby certify that this individual/family is known to my agency and that the information listed above is correct.

Signature of Agency Director or Support Staff

Print Name Agency Staff Person

Date _____ / _____ / _____

Title _____

Allegheny County Department of Human Services Agency
Name _____
Due Diligence Intake Form

Consumer Name (Print) _____

I hereby certify that the following steps were undertaken in order to validate homeless situation.

Person Contacted _____

Relationship to Consumer: _____

Address: _____

Phone: _____

Attempt	Date	Time	Method of Contact	Outcome of Contact
Attempt 1				
Attempt 2				
Attempt 3				
Attempt 4				

Final Result:

I hereby certify as an employee of _____ that the information presented above is true and correct.

 Signature of Intake Worker
 _____/_____/_____

 Print Name of Intake Worker Date_

Allegheny County Department of Human Services Agency
Name _____
Oral Certification Form

Consumer Name (Print) _____

Oral Statement Made by: _____

Date: ____/____/____ Time _____

Location: (Check One) Phone _____ In Person _____ Other: _____

Relationship to Consumer: _____

Address: _____

Phone: _____

I hereby certify that the following information was presented to me regarding the homeless situation, validation of social network and/or resources: (List Specific Details)

I hereby certify as an employee of _____ that the information presented above is true and correct as orally presented to me.

Signature of Intake Worker
_____/____/____

Print Name of Intake Worker Date_

Allegheny County Department of Human Services Agency

Name _____

Housing Option Documentation Homeless Category 2 and At-Risk Categories

Consumer Name (Print) _____

Subsequent Housing Options Identified as described under Homeless Category 2, At Risk Categories and Attempted but failed to access other housing option or no longer available option:

Date	Specific Housing Option	Result

I, _____, attest and certify that the above information is an accurate and complete list of the housing search performed and there are no other appropriate housing options available to me or my family.

Signature of Applicant
Date ____/____/____

Signature of Agency Intake/Staff
Date ____/____/____

Allegheny County Department of Human Services Agency
Name _____
Housing Option Documentation Category 4
Fleeing Domestic Violence Standardize Form

I, _____ (Consumer Name) attest that I do not have any other safe residences to use as an option to flee domestic violence, dating violence, sexual assault or stalking. My primary nighttime residence is: (list address)

My current residence (listed above) is unsafe to return to; and that this truly reflects my current housing conditions.

Signature of Applicant
Date ____/____/____

Signature of Agency Intake/Staff
Date ____/____/____

Allegheny County Department of Human Services Agency

Name _____

Resources and Support Network Documentation

Consumer Name (Print) _____

Resources and Support Networks as described under Homeless Definitions Categories 2 and 4.

Do you or any member of your household presently have any financial resources that could be used towards rental arrears, ongoing rental payments, hotel or motel payments or security deposits?

YES _____ NO _____

If yes, indicate in the table below the resources available, name of the household member whose resource it is and the amount.

Resource	Name of Household Member	Amount
Checking Account		
Savings Account		
Money Market Account		
Stocks or Securities		
Savings Bonds		
Certificates of Deposit		
IRA, Pension, Retirement		
Property		
Child Support/ Alimony		
Other		
Other		
Other		

Does your household presently have any family, friends, church, or other support networks that could assist you in obtaining permanent housing?

YES _____ NO _____

Please list below:

Name of Resource	Reason for Lack of Assistance

I, _____, attest and certify that the above information is an accurate and truthful listing of information regarding my resources and social network.

Signature of Applicant
Date ____/____/____

Signature of Agency Intake/Staff
Date ____/____/____