

**SHELTER PLUS CARE  
VERIFICATION OF HOMELESSNESS /CHRONIC HOMELESSNESS**

Applicant: \_\_\_\_\_

Eligibility for Shelter Plus Care is limited to persons who are **homeless** and **disabled** as defined by HUD regulations 24 CFR 582.5 Indicate which situation described below best describes the living situation of the applicant and attach to this form required documentation.

\_\_\_\_\_ **A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on street).** Certification form signed by outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by outreach worker or service provider from another organization that can verify that the person or family was in fact homeless as described in the above definition, or a written statement prepared by the participant about the participant's previous living place (if unable to verify by outreach worker or service provider). Have participant sign and date.

\_\_\_\_\_ **An emergency shelter.** Referral agency certification that participant has been residing at the emergency shelter (on agency letterhead/ shelter, signed dated)

\_\_\_\_\_ **A transitional or supportive housing program for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelters situation).** Certification (on agency letterhead, signed and dated) if the participant is residing at the transitional housing facility as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility (see above for required documentation).

ANSWERING "YES" TO A QUESTION ON AN APPLICATION ASKING IF A PERSON IS HOMELESS IS NOT SUFFICIENT EVIDENCE OF HOMELESSNESS.

**CHRONICALLY HOMELESS PERSON:** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had it at least 4 episodes of homelessness in the past three (3) YEARS. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e., not transitional housing) during these stays.

**\*\*NOTE:** You will be expected to prove that the chronically homeless person has been "continuously" homeless for a year or more OR that the person has had the 4 episodes of homelessness in the past three (3) years. This documentation could be a certification (on letterhead) form an emergency shelter for the last year as documented by outreach efforts or been a resident in their shelter at least 4 times during the past three years.

**\*\*Also,** you should have documentation related to the client's disability; you must have some narrative documentation related to the disabling condition that most likely results in their homeless/chronic homelessness.

I certify that I have made every effort to confirm that:

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(Applicant Name)

is homeless. Documentation to support this statement is attached.

Signature/Title and Date \_\_\_\_\_

**Verified by:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_