

Participant Eligibility Worksheet (HP & At Risk Homeless Documentation)

Project Name _____
 Participant Name _____
 Date of Intake _____

Homeless Prevention & At Risk: Check the appropriate type of criteria & documentation to verify. Maintain all in the participant file.

Category 2, 3 and 4 and At Risk Homeless Status	Type of Documentation	Check appropriate box and attach documentation
<p>2 (2) An individual or family who will imminently lose their primary nighttime residence provided that:</p> <p>(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;</p> <p>(ii) No subsequent residence has been identified; AND</p> <p>(iii) The individual or family lacks the resources or support networks, <i>e.g.</i>, family, friends, faith-based or other social networks, needed to obtain other permanent housing;</p> <p>These may include: At Risk of Homelessness:</p> <p>a) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR</p> <p>b) Is living in the home of another because of economic hardship; OR</p> <p>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</p> <p>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</p> <p>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</p> <p>f) Is exiting a publicly funded institution or system</p>	<p>1. At least one of the following stating that the household must leave within 14 days:</p> <p>A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice;</p> <p>For individuals in hotels or motels that they are paying for, evidence that the individual or family lacks the necessary financial resources to stay for more than 14 days; or</p> <p>An oral statement by the individual or head of household stating that the owner or renter of the residence will not allow them to stay for more than 14 days.</p> <p>The intake worker must verify the statement either through contact with the owner or renter, or documentation of due diligence in attempting to obtain such a statement.</p> <p>2. Certification by the individual or head of household that no subsequent residence has been identified.</p> <p>3. Self-certification or other written documentation that the individual or head of household lacks the financial resources and support networks to obtain other housing.</p>	

	<p>of care; OR</p> <p>g) 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</p>		
3	<p>(3) 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:</p> <p>(i) Are defined as homeless under another federal definition); AND</p> <p>(ii) Have 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 housing</p> <p>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; AND</p> <p>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers. Has one or more of the following chronic disabilities:</p> <p>chronic physical or mental health conditions substance addiction histories of domestic violence or childhood abuse child with a disability two or more barriers to employment, which include: lack of a high school degree or GED, illiteracy, low English proficiency, history of incarceration or detention for criminal activity, history of unstable employment</p>	<p>1. A nonprofit, state, or local government entity that administers the other federal statute must certify that household qualifies as homeless under that statute's definition.</p> <p>2. To document that the individual has not had a lease, occupancy agreement, or ownership interest in housing in the last 60 days, certification by the individual or head of household, written observation by an outreach worker, or referral by a provider.</p> <p>3. To document that the individual or family has moved two times in the past 60 days, a certification from the individual and supporting documentation, including records or statements from each owner or renter of housing, shelter or housing provider, or social worker, case worker, or appropriate official of an institution where the individual or family resided. Where these statements are unobtainable, the intake worker should include a written record of his or her due diligence in attempting to obtain them.</p> <p>4. Evidence of barriers includes: Written diagnosis from a licensed professional, employment records, department of corrections records, literacy, and English proficiency tests.</p> <p>For disability, any of the above, written verification from the Social Security Administration (or a disability check receipt), or observation of the intake worker of disability, which must be confirmed within 45 days by an appropriate professional.</p>	
4	<p>(4) Any individual or family who:</p> <p>(i) 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 against the individual or a family member, including a child, that has either taken place</p>	<p>Acceptable Evidence for Individuals Fleeing Domestic Violence:</p> <p>Oral statement by the individual or head of household seeking assistance, that is certified by the individual or head of household; and Where the safety of the household is not in jeopardy:</p> <p>Written observation by intake worker; or</p> <p>Written referral by a housing or service provider, social worker, or other organization from whom the household has sought assistance for domestic violence.</p>	

	<p>within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;</p> <p>(ii) Has no other residence;</p> <p>and</p> <p>(iii) Lacks the resources or support networks, <i>e.g.</i>, family, friends, faith based or other social networks, to obtain other permanent housing.</p>	<p>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, or by the intake worker.</p>	
	<p>And with these possible housing risk criteria, the family median household Income must be at 30% or lower median income to qualify for HP funds.</p>		
	<p>Self Declaration of At risk of homelessness (use only if 3rd party is unavailable) or DV person.</p>		

Staff Signature

Client Signature

Date