

## Sonoma County Homeless Coalition

## **DedicatedPLUS Verification Packet Referral Information** Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact Number: Secondary Contact: Date of Birth:\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_ Coordinated Entry System/Referring Agency Information Staff Name: Agency: Title: Phone Number: Email: HMIS Status: $\square$ Enrolled in HMIS $\square$ Requested No HMIS Record $\square$ Referral from DV Project **Housing Provider Information/Receiving Referral** Intake Worker: \_\_\_\_\_Agency: \_\_\_\_\_ Title: Phone Number:\_\_\_\_\_ Email: Packet Start Date: Packet Completion Date: Section 2: Disability Documentation Checklist In order to qualify for Chronic Homeless Status, a person must have a disability that is expected to be of long, continuing, or of indefinite duration, and substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions. Qualifying disabilities for HUD projects include the following chronic conditions: Mental Health Disorder, Substance Use Disorder, Co-occurring Mental Health and Substance Use Disorder, Physical Disability, and Developmental Disability. The documentation for disability must be third party and include: Select which of the following is being used to verify disability status at this time and attach all supporting documentation-☐ Written verification from a professional licensed by the state to diagnose and treat the disability and certification that the disability is expected to be of a long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; ☐ Written verification from the Social Security Administration; or ☐ The receipt of a disability check. In the absence of the above noted methods of verification, an observation of a qualifying disability by an agency identified staff

person may be used to temporarily verify disability. However, this <u>must be confirmed by one of the above methods within 45 days</u>. This option should be used sparingly. For HUD funded projects, if verification by one of the above mentioned type is not secured

of a disability	may also be con	sidered. Some	e agencies may	lothing, etc. Medications, prescriptions and medical y choose to conduct a more formal needs assessment qualifying disability or symptoms which include a conduct and the symptoms which include a conduc	ent durir	ng which	
		Se	ection 3: Tin	ne Accumulation Worksheet			
has a minimum least 12 month human habitati days. Breaks m institutional se	of 4 occasions of s of homelessness on (a friend's cour ay be documented ttings for less than e category, A - E, I	homelessness of the control of the c	over the past 3 y broken up by "I for by applicant self-certification count as break	erson must have (A) been continuously homeless for the years, totaling a minimum of 12 months. The applicant m breaks". A break is determined by the person having not t, etc.) for a period of at least 7 nights OR in an institution. Stays in places meant for human habitation for less that and can be counted toward the applicant's homeless time verification, due diligence of attempts to collect 3 <sup>rd</sup> part	nust have been in a nal settin an 7 night ime accu	accumul a place m g for mo s and/or mulation	ated at neant for re than 90
homeless in e  B. The App admitted and met the defin  C. The App and who were D. The App at least 12 mo meet the defin	ffect at the time licant was residing enrolled in a perition of chronic licant was residing experiencing claim that in the last the intion of 'homelention of	in which the ing in a place nament hous homeless as doing in transition hronic homeleng and has resthree years, beess individual	individual or fa ot meant for I ing project wi efined by 24 C nal housing fu essness as defi sided in a place ut has not dor with a disabilit	project that will be eliminated and meets the definantly entered the transitional housing project human habitation, emergency shelter, or safe have thin the last year but were unable to maintain a house 578.3 prior to entering the project nded by a Joint TH and PH-RRH component project need at 24 CFR 578.3 enot meant for human habitation, a safe haven, on the so on four separate occasions and the individual ty'	en and ha using pla t r emerge or head	ad been acemen ency she	t and elter for sehold
		_		'A's homeless assistance system.	s assista	nce pro	grain
		homeless in th	e last row, do r	not include the breaks in the total months calculation.	1		
		Actual Time Period being Documented		Homeless Situation(s) /Provider(s) Provide brief description of homeless situations	Method of Verification		
Occasion # or break	# of months verified	Start Date	End Date		HMIS Record	3rd Party	Self-Cert.
							1

within the 45 day period, the funding for that bed would be impacted and may not be paid at all for the duration that the applicant

**Note**: Observation of a disability may include, but not limited to, directly witnessing any of the following- an apparent physical disability, indicators of a chronic substance use, the presence of a severe mental or emotional impairment, undue paranoia, or

later than 45 calendar days from applicant's move-in date.

An agency identified a staff recorded observation of a disability. This must be documented by one of the above means no

is in the housing.

# of Occasions:	Total Months	Start date of o	one year continu	uous period or start	date of 3 year period	d for Chronic Ho	meless tin	ne calculation
	Н	lousing Prov	vider: Dedic	atedPLUS Hom	eless Verificati	on Timeline	<b>:</b>	
	~ .		ately respons	priate of the 2 cat ible to collect all o framed listed belo	the required doc	•		
ecord of inta		diligence to o	be collected v btain the doc	vithin 180 days. If umentation of the	3 <sup>rd</sup> party documen			
Move-in date		coted within	s days or mo.					
		omeless docu	mentation:	45 D	eadline for disahi	lity document:	ation <sup>.</sup>	
<ul><li>100%</li><li>75%</li></ul>	of households s	served can use erved need to erved can use	e self-certifica use 3 <sup>rd</sup> party o self-certificati	ntation: tion for 3 or their documentation fo on as documentat PLUS Homeles	9 month or their ion for any and all			
				s Verification Pacl of DedicatedPlus	•		ication a	re included
Worker Name	e:			Worker Title:				
Agency:								
Signature of \	Verifying Worker	:			Date:			
					Date			
				ant Determine				
Jpon careful	review, this app	licant does no	2. Applica		l Ineligible		the follo	wing criteria:
A. The ap		meet any of th	2. Application to the definition of the criteria (option)	ant Determined	I Ineligible edPLUS homelessr	ess based off		_
A. The apposed in A. The appos	plicant does not s referral to peri f my knowledge,	meet any of the manent suppo	2. Applicate meet the define criteria (operative housing.	ant Determined	I Ineligible edPLUS homelessr section 3, time ac	ess based off cumulation sh	eet) to q	ualify as a
A. The appoint A. The appoint A. The appoint A. The best of the best of the appoint A. The appoi	plicant does not s referral to peri f my knowledge, ase see the Time	meet any of the manent suppo the applicant Accumulation	2. Applicate the define criteria (opertive housing. has experience Worksheet for	ant Determined finition of Dedicate tions A- D listed in	I Ineligible edPLUS homelessr section 3, time ac sions of homeless	ess based off cumulation sh	eet) to q	ualify as a
A. The apposed A. The	plicant does not s referral to perr f my knowledge, ase see the Time dicant has not re	meet any of the manent suppo the applicant Accumulation ported nor ha	2. Applicate the define criteria (optimize housing.) has experience Worksheet for staff observers.	finition of Dedicate tions A- D listed in edd occapr further details)	I Ineligible edPLUS homelessr section 3, time ac sions of homeless	ness based off scumulation sho	eet) to q	ualify as a
A. The apponential A. The appone	plicant does not s referral to perr f my knowledge, ase see the Time dicant has not re	meet any of the manent suppo the applicant Accumulation ported nor had	2. Applicate meet the define criteria (operative housing.) has experience Worksheet for staff observed homeless staff	ant Determined finition of Dedicate tions A- D listed in tedocca or further details) ted a qualifying disa	I Ineligible edPLUS homelessr section 3, time ac sions of homeless	ness based off scumulation should be passed on the pass in the pass dinated Entry S	eet) to quest 3 years	ualify as a stotaling