New Mexico Chronic Homelessness Documentation Packet

Developed by the New Mexico Coalition to End Homelessness

Updated June 2017

**Index**

1. Chronically Homeless Status Checklist…………………………………………………………………………………………2
2. Chronically Homeless Timeline Checklist…………………………………………………………………………………….5
3. Template Letter for Requesting Third Party Documentation from an Emergency Shelter……………7
4. Certification of Homelessness from a Third Party Housing or Service Provider……………………………8
5. Documentation of Verbal Third Party Verification from a Housing or Service Provider……………….9
6. Certification of Homelessness from a Community Member………………………………………………………10
7. Documentation of Verbal Third Party Verification from a Community Member………………………..11
8. Chronic Homelessness Self Certification……………………………………………………………………………………12
9. Record of Due Diligence to Obtain Third Party Documentation and to House a Chronically Homeless Household…………………………………………………………………………………………………………………14
10. Using HMIS to Document Homelessness………………………………………………….……………………………….16

**Chronically Homeless Status Checklist**

This checklist is a cover sheet for documenting the “chronically homeless” status for applicants of Continuum of Care (CoC) Permanent Supportive Housing (PSH) programs. This checklist should be accompanied by supporting documentation of both disability and homelessness. Together, these documents must be maintained in the client’s file.

 **Applicant name:**

**PSH Program that the applicant is applying for:**

**Date of housing-related first contact:**

**Name of staff person completing this form:**

**Date this form was completed:**

**CHRONIC HOMELESS STATUS**

An individual (including a minor) or an adult head of household (or if there is no adult in the family, a minor head of household) who meets the following criteria is chronically homeless.

1. **First, the applicant must meet one of these criteria (check one):**

\_\_\_\_Currently living in an emergency shelter or a place not meant for human habitation (i.e. a park or car)

**OR**

\_\_Currently in an institution (i.e. mental health facility, prison, hospital) but has been there less than 90 days and was living in a shelter or place not meant for human habitation immediately prior to entering the institution

1. **Then the applicant must also meet one of these criteria (check one):**

\_\_\_ Has been continuously homeless for 12 months or more. Homeless means living in an emergency shelter or in a place not meant for human habitation (i.e. in a park or car).

If the individual is in an institution, this does not count as a “break” in the 12 months if he/she has been there less than 90 days and was living in a shelter or place not meant for human habitation immediately prior to entering the institution.

**OR**

\_\_\_\_\_Has had at least 4 episodes of homelessness in the last 3 years, with the cumulative total of the 4 episodes at least 12 months and each episode separated by a break of at least 7 consecutive nights. Homeless means living in an emergency shelter or in a place not meant for human habitation (i.e. in a park or car). A “break” means that the person was not living in an emergency shelter or place for human habitation, but instead had some form of housing (i.e. a motel he/she paid for, staying with a family member or in his/her own apartment).

1. **Finally, the applicant must have a documented disability.**

Does the applicant have a *documented* disability? (Please see pg. 3 for qualifying documentation). \_\_\_\_ Yes \_\_\_\_ No

**DOCUMENTATION OF CHRONIC HOMELESSNESS**

 Please complete the Chronic Homelessness Timeline/Documentation Checklist (see pages 4-5 of this packet) with the applicant, which includes the date and location of each episode of homelessness. Each episode of homelessness must be verified by one of the following listed below. In addition, if the applicant meets the definition of chronic homelessness because he/she had 4 or more episodes, you must also document that there was at least a 7-day break between episodes. Please check each type of documentation that you have:

 \_\_\_\_ Letter or recorded oral statement from another housing or service provider

 \_\_\_\_ Letter or recorded oral statement from an outreach worker describing conditions where the individual/family was living

\_\_\_\_ Letter or recorded oral statement from a community member describing conditions where the individual/family was living

 \_\_\_\_An HMIS Record using HMIS “screenshots” that shows the applicant’s name, name of emergency shelter and entry and exit dates into the shelter.

 \_\_\_\_ Self-Certification Statement signed by the client. Only 25% of a PSH program’s participants can use self-certification to document more than 3 months of homelessness. However, there is no limit on how many breaks of at least 7 days can be documented via self-certification.

\_\_\_If the applicant stayed in/is coming from an institution:

\_\_\_ Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker.

\_\_\_If this is not obtainable, then include a written record of the intake worker’s due diligence in attempting to obtain that evidence and a certification by the individual seeking assistance that states that he/she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days

**IMPORTANT NOTES ABOUT DOCUMENTATION**:

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

**DOCUMENTATION OF DISABILITY**To document disability, the applicant must have one of the following. Please check which type of documentation you have.

 \_\_\_\_ Written verification of the disability from a professional licensed by the state to diagnose and treat the disability. The certification should state that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently. The licensed professional should sign the verification and include his/her credentials.

\_\_\_\_\_Written verification from the Social Security Administration

\_\_\_\_\_Receipt of a disability check (*e.g.,* Social Security Disability Insurance check)

\_\_\_\_\_Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence listed above

Note: Documentation from the Social Security Administration should show that the applicant is receiving *disability related* benefits, i.e. SSI or SSDI.

**Chronic Homelessness Timeline Checklist**

**Applicant:**

**Name of staff person completing this form:**

**Date completed:**

*This worksheet tracks the timeline of homelessness for a Permanent Supportive Housing applicant. Please work with the applicant to complete this timeline to ensure that the applicant meets HUD’s definition of “chronically homeless,” as indicated on the first page of this packet.*

*Note that for applicants with at least 4 episodes of homelessness, you must also list and document that there was a break between each episode of homeless of at least 7 consecutive nights.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Time Period**  | **Where the Applicant was Sleeping** | **Verification/Due Diligence Documentation**  | **Documentation is Attached** |
| *Example: Jan.1-31, 2016* | *Albuquerque Rescue Mission Winter Shelter* | *Yes- Letter from shelter* | *Yes* |
| *Example: February 1 – 15, 2016* | *Stayed with sister at her house in Albuquerque* | *Yes – Self-certification from client. Completed Due Diligence form showing sister did not return calls* | *Yes* |
| *Example: February 16 – March 10, 2016* | *Stayed in his car* | *Yes – Letter from outreach worker* | *Yes* |
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|  |  |  |  |
| **Time Period** | **Where the Applicant was Sleeping** | **Verification/Due Diligence Documentation** | **Documentation is Attached** |
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Does this chart show 12 consecutive months of homelessness or 4 episodes of homelessness with breaks of at least 7 consecutive nights between episodes? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**Template Letter for Requesting Third Party Document from an Emergency Shelter**

To:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB\_\_\_\_\_\_\_ has applied for housing assistance through our Permanent Supportive Housing Program. To qualify, the applicant must be determined to be “chronically homeless“as defined by the U.S. Department of Housing and Urban Development.

The applicant has indicated that he/she has received shelter services at your organization in the past. On your organization’s letterhead, please list all shelter dates for the applicant.

Please fax it to my attention as soon as possible at add fax number.

This information will be used for the purpose of determining the chronic homeless status for the above-named applicant. If you have any questions please do not hesitate to contact me at telephone number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_. Thank you for your time and consideration.

Sincerely,

\*Name/Title\*

Applicant Release: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize the release of the requested information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Applicant Signature Date

**Certification of Homelessness from a Third Party Housing or Service Provider**

(Print form on third party agency letterhead if available.)

I have personally encountered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) and believe,based on my professional judgment, the applicant was living in a shelter or place not meant for human habitation at the time that I personally encountered the applicant. Below are the details of my encounters with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant).

|  |  |  |
| --- | --- | --- |
| **Date of Interaction** | **Brief Description of Interaction** | **Where the Applicant was Living at that Time (please be specific)** |
| *Ex 1: May 9, 2016*  | *(Name of applicant) came into the day shelter to get help obtaining an ID* | *(Name of applicant) was sleeping in his car* |
| *Ex 2: June 2, 2016* | *(Name of applicant) came in to get a meal and talked with staff for a few minutes.* | *(Name of applicant) was sleeping in a park* |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of third party verifier

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of third party verifier

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Documentation of Verbal Third Party Verification from a Housing or Service Provider**

(to be used when written verification cannot be obtained)

I certify that I spoke with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (third party agency). They verified that they had personally encountered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) and based on their professional judgement, the applicant was living in a shelter or place not meant for human habitation at the time they personally encountered the applicant. The specific information provided by the third party agency is described below:

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| --- | --- | --- |
| **Date of interaction** | **Brief description of interaction** | **Where the applicant was living at that time (be specific)** |
| *Ex 1: May 9, 2016*  | *(Name of applicant) came into the day shelter to get help obtaining an ID* | *(Name of applicant) was sleeping in his car* |
| *Ex 2: June 2, 2016* | *(Name of applicant) came in to get a meal and talked with staff for a few minutes.* | *(Name of applicant) was sleeping in a park* |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff person who obtained the verbal verification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Certification of Homelessness from a Community Member**

(print form on third party agency letterhead if available)

I have physically observed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) living in a place not meant for human habitation on the dates listed below. I know or am familiar with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Date I physically observed the applicant** | **Brief description where I physically observed the applicant was staying** |
| *Ex 1: May 9, 2016*  | *(Name of applicant) was sleeping outside in a park* |
| *Ex 2: June 2, 2016* | *(Name of applicant) was sleeping in his car* |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of third party verifier

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of third party verifier

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date**Documentation of Verbal Third Party Verification from a Community Member**

(To be used when written verification cannot be obtained.)

I certify that I spoke with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of community member). They verified that they had **physically observed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) staying in place not meant for human habitation at the time they personally encountered the applicant. The specific information provided by the Community Member is described below. The community member knows or is familiar with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Date community member physically observed the applicant** | **Brief description where the community member physically observed the applicant was staying** |
| *Ex 1: May 9, 2016*  | *(Name of applicant) was sleeping outside in a park* |
| *Ex 2: June 2, 2016* | *(Name of applicant) was sleeping in his car* |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff person who obtained the verbal verification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Chronic Homelessness Self Certification**

*This form may be used when the PSH program cannot obtain third party verification of homelessness to document 12 months of homelessness. If the applicant meets the definition of homelessness because he/she had at least 4 episodes of homelessness, this form can also be used to document that there was a break of at least 7 consecutive nights between each episode. Important note: All applicants can document up to 3 months using self-certification. However, only 25% of a PSH program’s total participants can use self-certification to document more than 3 months.* ***This form must be signed and dated by the applicant in order to be valid.***

**I certify that I was homeless (that is sleeping in a place not meant for human habitation (such as living on the streets) OR living in a homeless emergency shelter during the following periods of time:**

*Ex.* Between: \_\_\_\_\_\_\_\_*Jan. 2015* and *August 2015*\_\_\_\_ I lived at *In my car*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If I meet the definition of chronic homelessness because I have had at least 4 episodes of homelessness, I certify that there was a break of at least 7 consecutive nights between each episode as listed below**. A “break” means that I was not staying in an emergency shelter or place not meant for human habitation, but instead had some form of housing (i.e. staying with a family member).

*Ex.* Between: \_\_\_\_ *Sept. 2015* and *October 2015*\_\_\_ I lived at *My sister’s house\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What else would you like to say about your history? For example, *“I cannot remember the names of the places that I was living in the Fall of 2004, but I believe it was in a homeless emergency shelter. I have problems with my memory from that time due to an illness.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that the above information is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Client Date

I reviewed the above statement with the client.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Staff Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Staff Person Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Record of Due Diligence to Obtain Third Party Documentation and to House a Chronically Homeless Household**

*This form can be used to document two types of due diligence:*

*Due Diligence to Obtain Third Party Documentation*

*The PSH program must use and document due diligence to obtain third party documentation of chronic homelessness before using the self-certification form.*

*Due Diligence to House a Chronically Homeless Household*

*When a PSH program has an upcoming opening for dedicated or prioritized chronic homeless bed(s), the program must use due diligence to find and house a chronically homeless household through the NM Coordinated Assessment System. If the program is not able to identify a chronically homeless household within 14 days of the bed becoming available, the program should proceed with filling the bed(s) with a non-chronically homeless household using the process in the CoC Common Standards. In this case, the PSH program must document its due diligence to find and house a chronically homeless household using this form.*

**Name of Permanent Supportive Housing Program:**

**Date that chronic homeless dedicated or prioritized bed(s) became available:**

Intake staff have taken these steps to obtain third party documentation for the applicant(s) listed below and/or have taken these steps to contact the potential applicant(s) listed below and establish their chronic homelessness. The potential applicant(s) have been referred to the PSH program through the NM Coordinated Assessment System because they appear to be chronically homeless.

|  |  |  |
| --- | --- | --- |
| **Name of Potential Applicant** **(from Coordinated Assessment System)** | **Steps taken to obtain third party documentation and/or to contact the potential applicant and establish their chronic homelessness** | **Dates** |
| *Ex: Joe Smith* | *Attempted to obtain third party verification, but third party provider did not return phone calls.*  | *5/3/16-5/6/16* |
| *Ex: Mary Martinez* | *Left 3 voicemail messages at the phone number listed for Mary Martinez, but did not receive return phone call* | *5/6/16-5/8/16* |
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The information provided in this written statement is true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Staff Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff Person Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Using HMIS to Document Homelessness**

*You must complete two steps:*

*1) Produce an HMIS screen shot showing the emergency shelter stay*

*2) Produce a Client Event Report*

**How to produce an HMIS screen shot showing emergency shelter stay:**

1. Log in to HMIS
2. Use client name or HMIS ID to retrieve and open the client’s record
3. Under CLIENT INFORMATION, select the ENTRY/EXIT Tab
4. Confirm that the following information is visible on the screen:
5. Applicant’s Name
6. Name of Program
7. Program Entry and Exit Dates



5. Press the PRT SCR key on your keyboard, usually located somewhere on the top row of keys

6. WITHOUT ANY INTERVENING STEPS, Open MS Word (or some other compatible software program), select the EDIT key and click on the PASTE command

7. Print (or save) the resulting document and place in client’s program file.

**How to produce a Client Event History Report in NM HMIS:**

Log in to ServicePoint, and go to (click on) REPORTS. Go to ART.

1. In the ART directory, open the PUBLIC FOLDER. In the Public Folder, open the COC & MFA subdirectory.
2. Select the 409 – CLIENT EVENT HISTORY report. There is only one user prompt, enter the desired HMIS CLIENT ID.
3. Save the report. Print in hardcopy and retain in client file. Specifically, be sure to print and retain the CLIENT TRANSACTION DETAIL tab information. Update as needed based on changes to client project status in project.



If you have questions or if HUD ever requests additional information pertaining to client record history, contact NM HMIS at (505) 982-9000.