

Chronic Homeless Verification Tracking Sheet:

Participant Name: _____ HMIS ID#: _____ Date: _____

This form is to be used to document homelessness history to determine if a client has 4 episodes of homelessness during the past 3 years that total at least 12 months. You will start with today's date (Month 36) and work backwards to month 1 (3 years ago).

Date <i>(Begin with current month)</i>	Month	Did the individual see homeless service provider this month? <i>If "no" skip to next month</i>	Provider Name / Client Location	Third Party/HMIS/ Intake Worker Observation vs. Self-Certification Documentation to Verify Homelessness <i>(check appropriate box)</i>	Seven Day Break?
09/05/18	36	<input checked="" type="radio"/> YES <input type="radio"/> NO	SSPADS Emergency Shelter	<input type="checkbox"/> Third Party <input checked="" type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES <input checked="" type="radio"/> NO
	36	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	35	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	34	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	33	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	32	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	31	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	30	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	29	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	28	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	27	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	26	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	25	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	24	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	23	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	22	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO
	21	YES NO		<input type="checkbox"/> Third Party <input type="checkbox"/> HMIS <input type="checkbox"/> Intake <input type="checkbox"/> Self	YES NO

	20	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	19	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	18	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	17	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	16	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	15	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	14	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	13	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO

	12	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	11	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	10	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	9	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	8	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	7	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	6	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	5	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	4	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	3	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	2	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO
	1	YES NO		<input type="checkbox"/> Third Party	<input type="checkbox"/> HMIS <input type="checkbox"/> Self	<input type="checkbox"/> Intake	YES NO

Number of months homeless: _____

Number of Episodes: _____

Date completed: _____

Printed Staff Name: _____

Staff Signature: _____

Staff Title: _____