

Phased Assessment Part 5 – Eligibility Verifications

Phased Assessment Part 5A - Participant Contact Information

Participant Name: _____

HMIS #: _____

Current living arrangements: _____

Mailing Address: _____

City: _____ State, Zip: _____

Primary Phone: (_____) _____

Secondary Phone: (_____) _____

Best way to find/contact participant: _____

Sending Agency Information

Agency Name: _____

Address: _____

Agency Contact: _____

Phone: _____

Fax: _____

Email: _____

Phased Assessment Part 5B – Eligibility Summary

Literal Homelessness Determination: Category 1 4

Homelessness History: <12mos 12+ Continuous 12+ 4 Episodes/3 years 12+ but < 4 episodes

Complete Part 5C for ALL households.

1. To Verify Literal Homelessness provide the following documents:

a. Current HMIS shelter stays record – provide print out

OR

b. “Certification of Homelessness from a Third Party” *

i. This document must be on agency letterhead of staff member providing documentation

OR

c. “Self-Certification of Homelessness” *

d. “Record of Due Diligence to Obtain Third Party Verification” *

i. Needed only if there has been any self-certification provided

2. To Verify length of time for Chronic Homelessness complete the following documents:

a. “Chronic Homelessness Verification Tracking Sheet” *

b. HMIS Shelter Stays Report

c. “Certification of Homelessness from a Third Party” *

i. This document must be on agency letterhead of staff member providing documentation

d. “Self-Certification of Chronic Homelessness” *

e. “Record of Due Diligence to Obtain Third Party Verification” *

i. Needed only if there has been any self-certification provided

Disability Verification*: Yes No N/A

Veteran Status Verification: Yes No N/A

Income Verification: Yes No

Complete ID Docs: Yes No

Other Eligibility Docs: Yes No N/A

*** Use Entry Point Eligibility Verification forms**



Phased Assessment Part 5C – Literal Homelessness Determination:

To qualify for HUD housing assistance, homelessness status must be determined, verified and documented based upon Categories 1 and 4 as below.

Client Name: _____ Date: ___ / ___ / ___ HMIS #: _____

- The applicant has been determined to be homeless according to category indicated below.
- The applicant does not have any current housing assistance vouchers (Section 8, VA, etc.)

Sending Agency Staff (PRINT NAME): _____

CHECK ONE CATEGORY BOX BELOW AND THE APPROPRIATE SUPPORTING BOX(ES) MUST BE CHECKED.

Category 1 Literal Homelessness 576.2, 578.3, 583.5

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- 1. Has a primary nighttime residence that is a public or private place not meant for human habitation,

OR

- 2. Is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, and motels/hotels paid for by charitable organizations or government programs for low-income individuals);

OR

- 3. Is exiting an institution where individual resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 4 Fleeing DV 576.2, 578.3, 583.5

An individual or family who:

- 1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, or stalking

AND

- 2. Has no other residence,

AND

- 3. Lacks the resources or support networks to obtain other permanent housing.

Phased Assessment Part 5D - Veteran Status Verification:

The information gathered in this form can be used to help expedite housing matching based on the client's vulnerability and needs, and program eligibility. SubCook Continuum of Care provides housing for all veterans, regardless of discharge status, provided they meet other eligibility requirements for the particular programs.

Client Name: _____ Date: ___/___/___ HMIS #: _____

Client is a veteran: Yes No

Branch: _____ Dates: _____ Discharge Status: _____

Are you currently involved with the VA? Yes No

If no, would you like assistance in connecting with VA services? Yes No

I give permission for this agency to communicate with the VA about my eligibility for housing and services:

Yes No (We can work to house you even if you don't want us to work with the VA.)

Signature Date

***Please submit a copy of the DD214 ASAP.**

Phased Assessment Part 5E - Income Verification:

The information gathered in this form is used to assist in prioritizing housing matching based on the client's available resources. We do not REQUIRE income in order to be housed, but most programs require that clients contribute a portion of whatever income they have toward their rent.

___ Client has NO income at this time.

Please list income source(s) and amount: _____

***Please submit a copy of the client's check stubs, award letter, or other income verification.**

(If the client receives income from the street economy or "under the table," problem-solve with the CE Lead team about how to verify this.)

Phased Assessment Part 5F - Identity Verification:

ID is not required for admission into housing, but not having it makes things harder. Note that State IDs and birth certificates (for Cook County births only) may be obtained free of charge for individuals experiencing homelessness. It is strongly recommended to work with the client prior to housing to take advantage of this resource.

Head of household has the following documentation:

- Government-issued photo ID
- Social Security Number

If not available, why? _____

Is assistance needed in obtaining any of this documentation? Yes No

Phased Assessment Part 5G – Additional Eligibility Verification:

There are various housing opportunities that may require additional verifications. At this time, additional eligibility verifications include:

- Insurance of Medicaid MCO: County Care
 - If client has the MCO of County Care, obtain and upload County Care ROI
 - Ensure County Card MCO is captured in HMIS on the client's Health Insurance record. The MCO should be recorded in the "(If Yes to Other) Specify Source" box on the Medicaid record.
- Involvement with child welfare (DCFS)
 - If client is 18-24 years old and has aged out of DCFS or is a family where lack of adequate housing is causing a delay of family re-unification, verify questions on HMIS Initial Intake and update if necessary.
- If other, please specify: _____

**Please see MyEntryPoint.org for updated information.*