### Requirements – Disability

Individual MUST have a disability, defined as having one or more of:

1. Physical, mental or emotional impairment of ongoing duration
2. Developmental Disability
3. HIV/AIDS

<table>
<thead>
<tr>
<th>Acceptable forms of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check and attach documentation for all that apply:</td>
</tr>
<tr>
<td>☐ Documentation from a licensed professional</td>
</tr>
<tr>
<td>(HHC Disability verification form is best, documentation listing diagnosis and credentials of professional is OK)</td>
</tr>
<tr>
<td>☐ Documentation from SSA for persons receiving disability benefits (i.e., award letter or copy of check)</td>
</tr>
</tbody>
</table>

**AND**

Individual or family resided in an emergency shelter or place not meant for human habitation for **one** of the below lengths of time:

<table>
<thead>
<tr>
<th>Requirements – 1 Year Continuous</th>
<th>Acceptable forms of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months continuous (single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break)</td>
<td>Check and attach documentation for all that apply <em>(in order of preference)</em>:</td>
</tr>
<tr>
<td>☐ HMIS Entry/Exit Page</td>
<td></td>
</tr>
<tr>
<td>☐ Written verification from a third party (Use HHCCNY Documentation form)</td>
<td></td>
</tr>
<tr>
<td>☐ Written observation by intake worker (Use HHCCNY Documentation form)</td>
<td></td>
</tr>
<tr>
<td>☐ Written Self-certification by the individual or head of household that (s)he was living on the streets, shelter, etc. <em>(can only document 3 months)</em> (Use HHCCNY Documentation form)</td>
<td></td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>Requirements – 1 Year Cumulative</th>
<th>Acceptable forms of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months (single encounter in a month is sufficient to consider household homeless for entire month unless evidence of a break)</td>
<td>Check and attach documentation for all that apply <em>(in order of preference)</em>:</td>
</tr>
<tr>
<td>☐ HMIS Entry/Exit Page</td>
<td></td>
</tr>
<tr>
<td>☐ Written verification from a third party (Use HHCCNY Documentation form)</td>
<td></td>
</tr>
<tr>
<td>☐ Written Self-certification by the individual or head of household that (s)he was living on the streets, shelter, etc. <em>(can only document 3 months)</em> (Use HHCCNY Homeless Self-Certification form)</td>
<td></td>
</tr>
</tbody>
</table>

3 breaks constituting of at least 7 nights not residing in an emergency shelter or place not meant for human habitation (stays in institutions of fewer than 90 days do not constitute a break and count toward total time homeless)

<table>
<thead>
<tr>
<th>Acceptable forms of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check and attach documentation for all that apply:</td>
</tr>
<tr>
<td>☐ Written verification from a third party</td>
</tr>
<tr>
<td>☐ Written Self-certification of breaks by the individual or head of household <em>(Use HHCCNY breaks in homeless status self-statement certification form)</em></td>
</tr>
</tbody>
</table>

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### Staff Information

**Staff Name & Title:** ____________________________

**Agency:** ____________________________

**Staff Signature:** ____________________________

**Date:** ____________________________
Coordinated Entry Verification of Disability Form

(ONLY a licensed professional with credentials to diagnose an individual may complete this form)

________________________________________ (Applicant’s Name) is applying for a permanent supportive housing program, as defined by the U.S. Department of Housing and Urban Development (HUD). This form is part of the eligibility process; please contact us with any questions or concerns. We are requesting your assistance in completing and returning this form as quickly as possible to:

________________________  ______________________
Referring/Verifying Agency     Address

Contact Person     E-mail

Referring/Verifying Agency

Eligible Disability Types

Please select all of the following that apply:

☐ a disability as defined in Section 223(d) of the Social Security Act as the “inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12-months...”

☐ a physical, mental, or emotional impairment which is (a) expected to be of long-term, continued, and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;

☐ a developmental disability as defined in Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act. In general, this “… means a severe, chronic disability of an individual that—is attributable to a mental or physical impairment or combination of mental and physical impairments”

☐ the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiological agency for acquired immunodeficiency syndrome

Disability Information

Please check all that apply:

☐ Mental Health Disorder
☐ Substance Use Disorder
☐ Co-occurring Mental Health Disorder and Substance Use Disorder
☐ HIV/AIDS
☐ Physical Disability
☐ Developmental Disability

Please check appropriate credential:

☐ Psychiatrist ☐ Physician ☐ Physician Assistant ☐ Nurse Pract. ☐ LCSW ☐ LMHC ☐ Psychologist ☐ CASAC

________________________  ______________________  ______________________
Signature     Printed Name     Date

________________________________________  ______________________
Office/Practice/Agency Name     Phone Number     License Number
To:

Dear ____________________,

_____________________________ (Applicant’s Name) is applying for a supportive housing program as defined by the U.S. Department of Housing and Urban Development (HUD). The attached Third-party Homelessness Verification form is part of the eligibility process. We are requesting your assistance in completing and returning this form as quickly as possible to:

_____________________________

Referring/Verifying Agency

_____________________________

Address

_____________________________

Contact Person

_____________________________

Email

_____________________________

Phone/Fax Number

Please contact us with any questions or concerns,

Sincerely,

_____________________________

Signature of Agency Representative

Client consent for release
I hereby authorize the release of the information requested in the attached Third-Party Homelessness Verification form for the purpose of verifying my eligibility for supportive housing and related services.

_____________________________

Signature of Applicant

_____________________________

Date

** This release of information will expire one year from the date of the applicant’s written or oral consent indicated above
Section A: This is to be completed by the housing provider, or a case manager through shelter or street outreach collecting information on behalf of the housing provider. The housing provider or case manager should specify the periods to be verified by the third party in the blanks below and only ask for verifications for gaps not covered by HMIS or other 3rd party verification.

Housing Provider is seeking verification for the following occasions of homelessness experienced by

__________________________ (Applicant’s Name)

(1) Between: _______/____/____ and: _______/____/____
(2) Between: _______/____/____ and: _______/____/____
(3) Between: _______/____/____ and: _______/____/____
(4) Between: _______/____/____ and: _______/____/____

Section B: This is to be completed by the third party who may verify the entire time requested by the housing provider or any smaller periods within the requested

<table>
<thead>
<tr>
<th>Time Period Being Verified</th>
<th>Homeless Situation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td>End date</td>
<td>Address, Intersection, or Zip Code</td>
</tr>
<tr>
<td>June 22, 2015</td>
<td>July 11, 2015</td>
<td>Lakeshore Drive and Wilson Ave</td>
</tr>
</tbody>
</table>

Note: HUD defines homelessness as 1) sleeping in a place not meant for human habitation (such as living on the streets, in a car, at a park, or on public transportation) OR 2) living in a homeless emergency shelter. All circumstances listed above should fall into one of these 2 categories with an exception if the client is currently staying in an Institutional Care Facility where they have been for fewer than 90 days and which they entered from one of the above 3 categories.

Continued on next page
**Section C:** This is to be completed by the third party providing the verification.

**Please check your most applicable affiliation:**
- [ ] Correctional Facility
- [ ] Emergency Shelter
- [ ] Mental Health Provider/Institution
- [ ] Service Provider
- [ ] Substance Dependence Treatment Provider/Facility
- [ ] Law Enforcement
- [ ] Faith Based Organization
- [ ] Transitional Housing
- [ ] Homeless Outreach Team/Worker
- [ ] Veteran’s Organization
- [ ] Medical Provider/Institution
- [ ] Community Member
- [ ] Business
- [ ] Community Organization
- [ ] Other _______________________

Please check all applicable statements

- [ ] I can confirm that the applicant’s history of experiencing homelessness from field visits where I met with them in an emergency shelter or places not meant for human habitation.
- [ ] I can confirm the applicant’s history of experiencing homelessness from agency records and experience of having served them throughout the time they have been homeless.

Name of Verifier: ___________________________  Title: ___________________________

Signature of Verifier __________________________________  Address: ___________________________

Phone Number: _______________________________  Date: _______________________________
I certify that I was **not homeless** (that is sleeping in a place meant for human habitation such as sleeping on someone’s couch) during the following period(s) of time:

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 ______________________________

Between ___________________ and ________________ I lived at ______________________________

I certify that the above information is correct.

_____________________________   ________________
(Signature of Client)   (Date)

I reviewed the above statement with the client.

___________________________________   ____________________________         ________________
(Signature of Staff Witness)   (Organization)   (Date)
Instructions: This self-statement certification may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a Third Party Verification of a history of chronic homelessness. This Self-statement should be maintained in the client’s file (of both the referring project and the project accepting the referral). Up to 3 months of an individual’s 12 months of homelessness can be self-reported if no other 3rd party verification is able to be obtained.

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 period(s) of time:

<table>
<thead>
<tr>
<th>Between</th>
<th>Example Jan., 2005</th>
<th>and</th>
<th>Aug., 2005</th>
<th>I lived at</th>
<th>Lifeline Shelter, Cleveland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td></td>
<td>and</td>
<td></td>
<td>I lived at</td>
<td></td>
</tr>
<tr>
<td>Between</td>
<td></td>
<td>and</td>
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<td>I lived at</td>
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<td>and</td>
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<td>I lived at</td>
<td></td>
</tr>
</tbody>
</table>

What else would you like to share about your history? For example, “I can not remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”

I certify that the above information is correct

(Signature of client)  (Date)

I reviewed the above statement with the client.

(Signature of Staff Witness)  (Organization)  (Date)