

ESG FORM 0: HOMELESS HISTORY TIMELINE

REQUIRED COMPLETION BY INTAKE STAFF

Client Name:		Date:
Current Residence: <i>(Night Before Above Date)</i>		
Staff Name:		
Program Name:		
Component Type:	<input type="checkbox"/> ES Shelter <input type="checkbox"/> ES Rapid Re-Housing	

Living Situation & Type <i>(i.e., Emergency Shelter, Transitional Housing, Residential Housing, Institution, friend's couch etc.) See HUD Definitions/Criteria on these locations.</i>	Start Date	End Date	Total Months/Days in Living Situation <i>(specify if the month(s)/day(s) for each location count as being housed/homeless See HUD definitions to determine.</i>
1 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
5 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
6 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No

Living Situation & Type, Continued <i>(i.e., Emergency Shelter, Transitional Housing, Residential Housing, Institution, friend's couch etc.) See HUD Definitions/Criteria on these locations.</i>	Start Date	End Date	Total Months/Days in Living Situation <i>(specify if the month(s)/day(s) for each location count as being housed/homeless See HUD definitions to determine.</i>
7 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
8 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
9 Living Location: _____ Type: _____			Number of Months/Days: _____ Homeless or Housed: _____ Does this constitute as a break in Homelessness under CH? <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: A client only qualifies as CH if they have been homeless continuously for 12 months FROM THE DATE OF INTAKE or have had at least four (or more, not less) occasions of homelessness in the past three years FROM THE DATE OF INTAKE that total twelve months separated out by breaks of at least seven consecutive nights not homeless.			Total Breaks: <input type="text"/> Total Months Homelessness: <input type="text"/>

IMPORTANT!

Use/attach additional pages as necessary to substantiate homeless timeline. In addition to completion of this form, attached Third Party Documentation is required. See HUD Final Chronic Homeless Definition, Homeless Definition and Documentation Requirements to properly complete this form.

Intake staff must use/document due diligence when obtaining documentation of any status. Due diligence is a process of acquiring objective and reliable information, generally on a person or a company, prior to a specific event or decision. It is usually a systematic research effort, which is used to gather the critical facts and descriptive information which are most relevant to making an informed decision on a matter of importance. This also aligns with HUD's Order of Priority for obtaining information.

CLIENT AND STAFF CERTIFICATIONS

To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify _____ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

Client Signature: _____ **Date:** _____

To the best of my knowledge and ability, all the information and documentation used in making this eligibility determination is true and complete.

Staff Signature: _____ **Date:** _____