**ESG FORM 1: Homeless Certification**

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| **Client Name:** |  | **Date:** |
| **Current Residence:**  *(Night Before Above Date)* |  | |
| **Staff Name:** |  | |
| **Program Name:** |  | |
| **Component Type:** | **ES Shelter**  **ES Homeless Prevention**  **ES Rapid Re-Housing** | |

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| **Applicable** | **In File** | **CATEGORY**  **REQUIRED DOCUMENTATION IN CLIENT FILE** |
| **CATEGORY 1** | | |
| Yes  No | Yes  No  Inc. | **PLACE NOT MEANT FOR HUMAN HABITATION** *(e.g., car, park, abandoned building, bus or train station, airport, camping ground)*  **DOCUMENTATION REQUIRED**  **Written Third-Party** (*one or more of the following*)**:**  HMIS record of homeless street outreach contacts  Written referral by another housing or service provider (either on referring agency  stationery or Third Party Verification form)  **or:**  Client Self-Declaration of Homelessness |
| Yes  No | Yes  No  Inc. | **EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS** *(one or more of the following)****:***  **DOCUMENTATION REQUIRED**  HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid  for by charitable organization or government program  Signed letter on letterhead from emergency shelter or safe haven provider or  organization paying for hotel/motel stay  **or:**  Client Self-Declaration of Homelessness |

*Categories and Documentation Options continue on following page.*

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| **Applicable** | **In File** | **CATEGORY**  **Required Documentation in File** |
| **CATEGORY 1 *Continued*** | | |
| Yes  No | Yes  No  Inc. | **HOSPITAL OR OTHER INSTITUTION** *(If client’s stay was 90 days or fewer and client was in emergency shelter or place not meant for human habitation prior to admission Documentation of institutional stay*  **DOCUMENTATION REQUIRED**  **Written Third-Party** (*one or more of the following*)**:**  Discharge paperwork with admission and discharge dates  Written (or oral, but recorded in writing) referral from social worker,  case manager, or other official from institution with admission and  discharge dates  **or:**  Client Self-Declaration of Homelessness  **and:**  **Documentation of client’s homeless status immediately prior to institutional stay**  **Written Third-Party** *(one or more of the following):*  HMIS record of homeless service provider  Written referral by another housing or service provider (either on referring agency  stationery or Third Party Verification form)  **or:**  Client Self-Declaration of Homelessness |
| Yes  No | Yes  No  Inc. | **TRANSITIONAL HOUSING** *(If graduating from or timing out of TH and either in emergency shelter or a place not meant for human habitation prior to admission or fleeing or attempting to flee domestic violence).*  **DOCUMENTATION REQUIRED**  **Written Third-Party** *(one or more of the following)*:  HMIS records of transitional housing stay and entry from shelter or place not meant  for human habitation  Signed letter on letterhead from transitional housing provider certifying residency and  homeless living situation prior to admission  **or:**  Client Self-Declaration of Homelessness |

*Categories and Documentation Options continue on following page.*

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| **Applicable** | **In File** | **CATEGORY**  **REQUIRED DOCUMENTATION IN CLIENT FILE** |
| **CATEGORY 1 *Continued*** | | |
| Yes  No | Yes  No  Inc. | **TRANSITIONAL HOUSING** *(If graduating from or timing out of TH and neither in emergency shelter or place not meant for human habitation prior to admission nor fleeing or attempting to flee domestic*  *Violence.)*  **DOCUMENTATION REQUIRED**  HMIS records of transitional housing stay and entry from shelter or place not meant  for human habitation  Signed letter on letterhead from transitional housing provider certifying residency and  homeless living situation prior to admission  **or:**  Client Self-Declaration of Homelessness |
| **CATEGORY 2** | | |
| Yes  No | Yes  No  Inc. | **IMMINENTLY LOSING PRIMARY NIGHTTIME RESIDENCE** *(i.e., primary nighttime residence will be lost within 14 days, and no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain other permanent housing.) One of the following:*  **DOCUMENTATION REQUIRED**  Court order resulting from an eviction notice or equivalent, or formal eviction notice  For clients in hotels/motels not falling under Category 1, evidence that household  lacks the financial resources necessary to stay for more than 14 days  Oral statement by individual or head of household that the owner or renter of the  residence will not allow them to stay for more than 14 days. |
| **CATEGORY 4** | | |
| Yes  No | Yes  No  Inc. | **FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE**, including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions  **DOCUMENTATION REQUIRED**  Client Self-Declaration of Homelessness  **AND FOR NON-VICTIM SERVICE PROVIDERS**  *If safety would not be jeopardized, written third-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):*  Written observation by intake worker verifying the condition  Signed letter on letterhead from by a housing or service provider, etc. from whom the  individual or head of household has sought assistance for the condition |