

Documenting Eligibility for DedicatedPLUS Permanent Supportive Housing (PSH) Verification Training Packet Instructions

The Documenting Eligibility for DedicatedPLUS PSH Verification Training Packet is intended to assist recipients and subrecipients of CoC-funded PSH that has been designated as DedicatedPLUS in documenting the eligibility of an individual or family for entry into a project. Beginning with the FY 2017 CoC Program award, all CoC-funded PSH in the LA City and County CoC will be operating under DedicatedPLUS guidelines. This guide provides detail to recipients and subrecipients of CoC-funded PSH on how to determine and document eligibility of all households entering the DedicatedPLUS PSH following the state date of the FY 2017 award.

SECTION I: OVERVIEW

Overview of Eligibility in LA CoC DedicatedPLUS PSH

Beginning with the operation of the FY 2017 CoC Program awards for all PSH newly classified as DedicatedPLUS, any new program applicants will be required to meet the following criteria:

- A single adult, an adult member of the household, an unaccompanied youth, or a youth head of household who has a disability that is expected to be long-continuing or of indefinite duration; substantially impedes the individual's ability to live independently; and, could be improved by providing more suitable housing conditions; and,
- Is currently residing in a place not meant for human habitation, a safe haven, or in an emergency shelter (or in an institution where they have resided for fewer than 90 days, and were residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior); and,
- Meets one of the following:
 - Is experiencing [chronic homelessness as defined in 24 CFR 578.3](#), which means that the applicant has been residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for the last 12 months consecutively, or for a cumulative total of at least 12 months over four separate occasions in the last three years; or,
 - Was enrolled and housed in PSH within the last 12 month period and met the definition of [chronic homelessness as defined in 24 CFR 578.3](#) at that time but was unable to maintain the housing placement; or,
 - Has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months cumulatively in the last three years, but has not experienced four distinct and separate occasions.

Program applicants already being assisted in a PSH project prior to the execution of the FY 2017 grant are not impacted by this change as their eligibility was based on the requirements in place at the time in which they were enrolled.

Eligible applicants will be prioritized for assistance in CoC-funded PSH in accordance with the CoC written standards and the CES prioritization policy and guidelines. Chronically homeless households and persons most likely to become chronically homeless will continue to be the priority.

Overview of Documentation Requirements in LA CoC DedicatedPLUS PSH

For all new program applicants enrolled after the execution of the FY 2017 award, the following documentation will be required for each household:

- Documentation that the household meets the requirement for “individual with a disability.” This requirement in DedicatedPLUS is not different and documentation must be obtained and maintained in accordance with the final rule on defining “homeless” and the final rule on defining “chronically homeless”.
- Documentation that the household is currently residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven (or is exiting an institution where they have resided for fewer than 90 days and were living in a place not meant for human habitation, in an emergency shelter, or in a safe haven immediately prior.
- Documentation of the household’s homelessness history which must include at least four (4) months of third-party documentation in accordance with HUD guidance for acceptable third-party documentation unless granted an exception by LAHSA for extenuating circumstances. The four months do not need to be consecutive but rather can be for any four months during the most recent three-year period. The remaining months can be documented with a written self-certification from the program applicant when accompanied by a certification from the recipient.

SECTION II: Definitions

A. Permanent Supportive Housing

- Permanent supportive housing (PSH) is permanent housing with long-term leasing or rental assistance paired with supportive services to assist homeless persons with a disability, or families with a qualifying household member with a disability, achieve housing stability. In DedicatedPLUS PSH, the qualifying household member must be the head of household.

B. Rapid Re-Housing

- Rapid re-housing is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

C. Transitional / Bridge Housing

- Transitional / Bridge Housing projects have as their purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (within 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

D. Safe Haven

- A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

E. Institutional Care Facilities (Institutions)

- An institutional Care Facility includes such places as jails, substance abuse treatment facilities, mental health treatment facilities, hospitals, Residential Facilities for the Chronically or other similar facilities.

F. Chronic Homelessness

- Chronic homelessness is defined as:
 1. An individual who:
 - i. Is homeless with a disability - IN GENERAL.—The term 'homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that— (i) (I) is expected to be long-continuing or of indefinite duration; (II) substantially impedes the individual's ability to live independently; (III) could be improved by the provision of more suitable housing conditions; and (IV) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (ii) is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or (iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. (B) RULE—Nothing in clause (iii) of subparagraph (A) shall be construed to limit eligibility under clause (i) or (ii) of subparagraph (A).
 - ii. Lives in a place not meant for human habitation (e.g., street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground), a safe haven, or in an emergency shelter; and
 - iii. Has been homeless and living as described in paragraph ii continuously for at least 12 months [one year] or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph ii.

- a) Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance use or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1), before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

The Final Rule on Defining “Chronically Homeless” as well as additional resources can be located at: <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>

G. Homeless Individual with Disabilities

- A person who is homeless with disabilities is a person who lives in a place not meant for human habitation (e.g., street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground), a safe haven, transitional housing (non-CoC programs only), or in an emergency shelter; and can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

H. Due Diligence

- Due diligence is defined as the reasonable steps taken by agency receiving referral in order to satisfy HUD’s legal requirement to verify a person’s eligibility for services.
 1. Documentation should include:
 - Description of efforts to obtain third party documentation
 - May include phone logs, email correspondences, copies of certified letters, etc.
 - Outcome of efforts, including obstacles
 - Signed and Date by Intake staff as true and complete.

I. Defining an Occasion of Homelessness vs. a Break in Homelessness

- **Occasion of homelessness:** HUD defines an occasion of homelessness as a period of time in which an individual is living in a place not meant for human habitation (e.g. streets, park, sidewalk, abandoned buildings, car, etc.), a safe haven, or in an emergency shelter. Stays in institutions (i.e. jail, hospital, mental health or substance use treatment facility) of fewer than 90 days constitute as an occasion and count toward total time homeless provided that the individual was residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- **A Break in homelessness:** The final HUD rule provides that a break between occasions of homelessness is considered to be any period of 7 or more consecutive nights where an individual or family is residing in a place *meant for* human habitation and/or is not residing in an emergency shelter or safe haven. Stays in institutions longer than 90 days, paying for any form of housing whether it is a hotel/motel, stays in transitional or permanent housing, and sleeping on a couch of a family or friend's place for 7 or more consecutive nights are considered a break.

J. DedicatedPLUS Verification Training Packet

- The following forms are used to support the DedicatedPLUS Verification packet. Supplemental forms may or may not be used when certifying an individual or household's chronic homeless status. See listing of required and supplemental forms below.
 1. **DedicatedPlus Verification Form**- The form is completed by a service provider who is obtaining all the supporting documents needed to certify an individual or household's chronic homeless or DedicatedPlus status. (1 pages)
 2. **3rd Party Verification of Homeless Status Form**- The form is used to obtain information from a third party verifying the individual's or household's episode(s) of homelessness. (2 pages)
 3. **Observation of Homeless Status Form**- The form is used when an individual or household is living in a place not meant for human habitation. (1 page)
 4. **Agency Due Diligence to Acquire 3rd Party Form**- The form is required if a applicant is self-certifying their homeless status. (1 page)
 5. **Self- Certification Form**- This form should be completed in conjunction with the Agency Due Diligence to Acquire 3rd Party form and is used when a applicant cannot provide any third-party documentation to support their episodes of homelessness. (2 pages)
 6. **Verification of Disability Form**- This form is REQUIRED to be submitted with the DedicatedPlus Verification Packet. This form must be signed off by a professional licensed by the state to diagnose and treat the disabling condition(s) (1 page). Must be dated within 45 days of project entry.

SECTION III: MAINTAINING ELIGIBILITY FOR DEDICATEDPLUS

A. Chronic Homeless Status for Rapid Rehousing Applicants

- Maintained Chronic Homeless Status During Rapid Rehousing: Rapid Rehousing applicants who qualified as chronically homeless prior to entry maintain their eligibility for future placement in a DedicatedPLUS PSH. The applicant's DedicatedPLUS status is maintained for the entirety of their stay in rapid rehousing. The DedicatedPLUS service provider would need to document that the household met the eligibility criteria for its project when the household initially entered the rapid re-housing project.
- Time Spent Residing in Rapid Rehousing: Although a program applicant maintains their eligibility for DedicatedPLUS if they met the criteria prior to moving into permanent housing through the rapid rehousing program, the time spent residing in rapid rehousing units is considered a "break" in homelessness and does not count towards the calculation of applicant's length of time homeless.

B. PSH to PSH Transfer

- As long as program applicants from the PSH project have ***not yet been exited*** from the PSH program, then the program applicants may be transferred to another CoC Program-funded PSH provided that they met the eligibility requirements of the new PSH prior to entering the original PSH.
 - **Note:** Program applicants who met the definition of chronically homeless in place at the time they entered the original PSH are not required to meet the definition of chronically homeless established in the [Defining Chronically Homeless Final Rule](#), published December 4, 2015, unless they entered PSH after January 15, 2016.
- Under the CoC Program, even though eligible households do not retain their homeless status once they are placed in permanent supportive housing, permanent supportive housing projects funded with CoC Program funds may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program applicants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur if there were another permanent supportive housing program that better met the service needs of the program applicant.
- Where a transfer occurs, recipients or subrecipients accepting program applicants from other permanent supportive housing projects must keep records on file demonstrating that the individual or family is (1) transferring from another permanent supportive housing project; (2) the reason for the transfer; and (3) met the eligibility requirements for permanent supportive housing prior to entering the original permanent supportive housing project.

C. Impact of Eligibility in Enrolled in Transitional Housing

- HUD has provided the following guidance regarding persons coming from TH and the extent in which they are eligible for Dedicated PSH:

HUD would like to clarify that while individuals and families that are residing in *transitional housing for homeless persons* are considered homeless under paragraph 1 of the definition of homeless in section 578.3 of the [CoC Program interim rule](#), in general, persons residing in transitional housing (TH) are **not** considered chronically homeless and therefore, *do not* maintain their chronically homeless status for purposes of eligibility into other CoC Program funded projects, even if they were determined chronically homeless prior to entry into TH. This is because to be considered chronically homeless, a household must meet the following criteria outlined in the [Final Rule on Defining "Chronically Homeless,"](#) and this does not include persons residing in transitional housing.

In addition, time spent in a transitional housing program would not count toward the 12 months of homelessness (cumulatively or continuously). The time spent in TH would count as a **break** in homelessness if the stay in TH is for at least seven nights. For more information on how HUD defines a break in homelessness please refer to FAQ

2752: [What constitutes an occasion of homelessness and how does HUD define a break?](#)

- One exception is for those individuals and families who were accepted into a CoC Program-funded permanent supportive housing program, but where a unit is not immediately available. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the permanent supportive housing program in which they have already been accepted. HUD would also allow a CoC to temporarily house the applicant in an available transitional housing bed while a permanent housing unit is identified.
- The other exception is for persons who qualified as chronically homeless at that initial point of entry into VA homeless services and was served in a VA-funded program that is characterized as transitional housing, such as GPD. As found in the [CPD memo](#) published in 2013, HUD stated that because the VA determines whether or not a Veteran is chronically homeless at the initial intake to VA homeless services, veterans who qualify as chronically homeless at that initial point of entry into VA homeless services will maintain that status throughout the episode of care, even if they are served in a VA-funded program that is characterized as transitional housing (such as GPD). That Veteran would continue to be eligible for both HUD-VASH and CoC Program-funded permanent supportive housing dedicated or prioritized for the chronically homeless. This exception does not apply when a Veteran is assisted in transitional housing that is not a VA-funded program. The time spent in VA-funded transitional housing, such as GPD, does not count towards the veteran's total length of time homeless, however.

SECTION IV: HOMELESS DOCUMENTATION

FORM	NEED	PROGRAM TYPE	GUIDANCE
Self-certification of Homeless Status Form	Documenting current homeless status	➤ CoC-funded Dedicated PLUS (LA, acceptable as long as there are at least 4 months of homeless history documented via third-party)	<ul style="list-style-type: none"> - Staff must document where the individual or family is currently residing to determine if the location qualifies the household as eligible for assistance. - Staff must follow HUD's stated preferred order for documentation when documenting homeless status, which is: <ul style="list-style-type: none"> - Third-party documentation, - Intake/outreach worker observations, and - Certification (generally written) from the head of household seeking assistance. - It is acceptable to only have the Self-certification of Homeless Status form if third-party documentation or intake/outreach worker observations are not available. - HUD will expect to see evidence of the steps the intake staff took to obtain third-party documentation. This may include case notes describing the attempts to contact potential third-party sources provided by the household or attempts to locate a recent record in HMIS. E-mails sent to possible contacts should also be included in case file. If household is unable to provide information regarding possible third-party sources, the recipient shall at least attempt to obtain information from HMIS and document this as well.
Self-certification of Homeless	Documenting prior months of homelessness	➤ It is only necessary to document prior	<ul style="list-style-type: none"> - It is acceptable to only have the Self-certification of Homeless Status form if third-party documentation or intake/outreach worker observations are not available for:

Status Form		months of homelessness in CoC-funded Dedicated PLUS	<ul style="list-style-type: none"> - DedicatedPLUS: 8 or more months provided that third-party documentation is available for at least 4 months. - Dedicated: 3 or more months provided that third-party documentation is available for at least 9 months. - HUD will expect to see evidence of the steps the intake staff took to obtain third-party documentation for <u>any</u> months documented through self-certification alone. This may include case notes describing the attempts to contact potential third-party sources provided by the household or attempts to locate a recent record in HMIS. E-mails sent to possible contacts should also be included in case file. - Any months documented with a written self-certification from the applicant must be accompanied by a certification from the Contractor which certifies that, based on their professional judgment, the statement provided by the applicant is reasonably accurate.
Observation of Homeless Status	Documenting current & prior months of homelessness	➤ CoC-funded Dedicated PLUS	<ul style="list-style-type: none"> - Documenting current and prior months of homelessness via third-party source is only required for PSH that is DedicatedPLUS (4 months¹). - This form is to be completed for any months in which the <i>3rd Party Verification Form</i> indicates that the household was residing in a place not meant for human habitation during the months being documented. - If source is an outreach worker or another professional contact, they may document encounters that occurred either in the location where the individual or head of household was residing or in another location. Where the encounter occurred in another location, the observing party must include in the description the reason in which they believe, to the best of their knowledge and professional judgement, that the individual or head of household was residing in a place not meant for human habitation at the time in which the encounter took place. The source must also provide specific dates of each encounter and can only document

¹ The requirement for at least 4 months of third-party documentation for DedicatedPLUS is a CoC-wide policy in the Los Angeles City and County CoC and is not a HUD requirement.

			<p>the months in which they personally interacted with the household.</p> <p>https://www.hudexchange.info/faqs/2760/can-housing-or-service-providers-such-as-emergency-shelter-staff-members/</p> <p>- If source is a community member (i.e. neighborhood resident, business or property owner, etc.) may document prior occasions of homelessness provided that the encounter occurred in the place not meant for human habitation where the individual or head of household was residing at the time. The source must also provide specific dates of each encounter and can only document the months in which they personally interacted with the household. The case worker may also want to provide a certification of why, to the best of their knowledge and professional judgement, this source is reliable.</p> <p>https://www.hudexchange.info/faqs/2759/can-a-community-member-such-as-a-shopkeeper-or-neighborhood-resident/</p>
3rd Party Verification Form	Documenting current & prior months of homelessness	➤ CoC-funded Dedicated PLUS	<p>- Documenting current and prior months of homelessness via third-party source is only required for PSH that is DedicatedPLUS (4 months²).</p> <p>- This form is to be completed for any months in which an agency is verifying that the household was residing in an eligible location.</p> <p>- The source must also provide specific dates of each period in which they are verifying.</p> <p>- This can be used when a HMIS record is not available or to supplement an existing HMIS record.</p>

² The requirement for at least 4 months of third-party documentation for DedicatedPLUS is a CoC-wide policy in the Los Angeles City and County CoC and is not a HUD requirement.

SECTION V: DOCUMENTING DISABILITY STATUS:

<u>PRIORITY</u>	<u>DOCUMENTATION</u>
1 st Priority	Verification of Disability Form or written verification of the disability from a professional licensed by the state to diagnose and treat the disabling condition(s).
2 nd Priority	Written verification from the Social Security Administration
3 rd Priority	The receipt of a disability check.
4 th Priority	Intake staff-recorded observation of disability dated within 45 days before program entry.

OFFICIAL DEDICATEDPLUS VERIFICATION PACKET EFFECTIVE 2/1/19

Applicant Name: Jane Doe

Date of Birth: 04/28/1960

HMIS ID: 999999

SECTION VI: DEDICATEDPLUS TIMELINE

Directions: Please complete the applicant's timeline below starting from the most current occasion of homelessness and work backwards in time. Check applicable boxes in each row to indicate the occasion or break, documentation method of verification and what documentation was attached to support the timeline. Once completed, add all occasions and months verified below to provide the total amount accounted for.

➤ See eligibility criteria on the instructions page for DedicatedPlus.

Occasion or Break	Start Date	End Date	# of Months Verified	Location (List street name/ park name, shelter name, encampment location, institution, etc. If other, please specify.)	Occasion of homelessness					Breaks in homelessness					Documentation Method of Verification						Documentation Attached
					Place not meant for human habitation	Emergency Shelter	Safe Haven	Hotel/Motel Paid by an Agency	Institution less than 90 days	Transitional Housing	Couch surfing	Paying for Hotel/Motel or other housing	Institution more than 90 days	Other	3 rd Party- HMIS Record	3 rd Party-Observation of Homeless Status	3 rd Party- Verification of Homeless Status	3 rd Party- Institutional Paperwork < 90 days	Agency Due Diligence to acquire 3 rd Party	Self-Certification	
<input checked="" type="checkbox"/> Occasion <input type="checkbox"/> Break	01/01/2018	05/01/2018	4	People Assisting the Homeless Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occasion <input checked="" type="checkbox"/> Break	11/01/2017	12/31/2017	N/A	Slept on friend's couch- 4400 Wilshire Blvd, LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Occasion <input type="checkbox"/> Break	08/01/2017	10/31/2017	2	MacArthur Park, Los Angeles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Occasion <input type="checkbox"/> Break	05/15/2017	07/31/2017	2	Los Angeles County Jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Occasion <input type="checkbox"/> Break	09/01/2016	05/15/2017	8	Midnight Mission Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occasion <input type="checkbox"/> Break					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occasion <input type="checkbox"/> Break					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Occasions: <u>4</u>	Total Months: <u>16</u>			Verification of DedicatedPlus Status: <input checked="" type="checkbox"/> CH; <input type="checkbox"/> In Transitional Housing (TH) that is being eliminated & CH at TH entry; <input type="checkbox"/> In Joint TH-RRH Project & CH at TH entrance; <input type="checkbox"/> Currently homeless, was in PSH within last year, was unable to maintain housing, and was CH at time of entrance into PSH; <input type="checkbox"/> Is homeless, in safe haven, or in emergency shelter for at least 12 months in the last three years but has not done so on four separate occasions; or <input type="checkbox"/> Receiving assistance through a VA funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.																	

DEDICATEDPLUS VERIFICATION PACKET

Applicant Name: Jane Doe Date of Birth: 04/28/1960 HMIS ID: 999999

SECTION VII: DISABILITY STATUS

A. Disability/ Disabilities (Check all that apply)

The head of household has been diagnosed by a licensed professional with one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Chronic Physical illness or disability | <input type="checkbox"/> HIV/ AIDS |
| <input checked="" type="checkbox"/> Serious Mental illness | <input type="checkbox"/> Cognitive impairments resulting from brain injury |
| <input type="checkbox"/> Substance use disorder | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Alcohol Dependent | <input type="checkbox"/> Developmental disability <input type="checkbox"/> Other: _____ |

B. Supporting Documentation: (Check the applicable box below)

Third Party documentation is required. Please indicate the type of verification supplied by checking off the box below and attach to the packet.

- ☒ Verification of Disability Form: Written verification of one or more disability by a professional licensed by the state to diagnose and treat the identified disability(ies) which certifies that the disability is expected to be of long-continuing or of indefinite duration; and, substantially impedes the individual's ability to live independently; and, could improve under more suitable housing conditions. OR
- ☐ Written verification from the Social Security Administration
- ☐ The receipt of a disability check (e.g. Social Security Disability Insurance check, Supplemental Security Income check or Veteran Disability Compensation).
- ☐ Intake staff-recorded observation of disability that dated within 45 days before Program Entry.

SECTION V: APPLICANT CERTIFICATION

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 Helping Hands of any changes in my housing status or address in writing during (Name of Agency)

program participation and I understand that my application may be cancelled if I fail to do so.

<u>Jane Doe</u>	<u>Jane Doe</u>	<u>Jane Doe</u>
Head of Household's Printed Name	Head of Household's Printed Name	Head of Household's Printed Name

SECTION VI: STAFF CERTIFICATION

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

Staff Name: Susie Smith Staff Phone Number: 999-999-9999

Staff Title: Case Manager Staff Email: ssmith@helpinghands.org

Agency Name: Helping Hands

Agency Address: 999 Hope Lane, Los Angeles, CA 90012

Service Planning Area: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Staff Signature: Susie Smith Date Completed: 01-18-2018

DEDICATEDPLUS VERIFICATION PACKET

Applicant Name: Jane Doe

Date of Birth: 04/28/1960

HMIS ID: 999999

SECTION VIII. AGENCY DUE DILIGENCE TO ACQUIRE 3RD PARTY FORM

Every provider is required to do their due diligence in obtaining 3rd party verification of an applicant's homeless history to satisfy HUD's legal requirement for verification of a person's eligibility.

This document is intended to document and certify the provider's due diligence efforts.

By completing this form, the provider certifies they have taken the following steps to obtain third-party verification from 7-Eleven owner on Gardner and Sunset and have the supporting in the file to support these efforts

Description of Effort	Outcome of Effort, Including Obstacles	Documentation in File (Case Notes; Emails; Phone Logs; Returned Letters; Correspondences)	Date of Effort
Called 7-Eleven and asked to owner if he/she would be willing to certify the client has been sleeping next to the store for the last 12 months.	Owner was not in the office. Case Manager left a message requesting a call back.	Case Notes	7/14/18
Did not receive a call back so attempted to contact the 7-Eleven owner again via phone.	Owner was not in the office. Case Manager was able to obtain the owner's email and will reach out to the owner via email.	Case Notes	7/15/18
Emailed the 7-Eleven owner to ask if he/she would be willing to certify the client has been sleeping next to the store for the last 12 months.	Sent email to the 7-Eleven owner, the owner responded there has been someone sleeping next to the store for the last 12+ months but didn't know the person's name and was unwilling to sign anything.	Email correspondence	7/16/18

SECTION V. STAFF CERTIFICATION

Staff Name: <u>Susie Smith</u>	Staff Phone Number: <u>999-999-9999</u>
Staff Title: <u>Case Manager</u>	Staff Email: <u>ssmith@helpinghands.org</u>
Agency name: <u>Helping Hands</u>	Agency Address: <u>999 Hope Lane, Los Angeles, CA 90012</u>
Staff Signature: <u>Susie Smith</u>	Signature Date: <u>01-18-2018</u>