

Long Beach Continuum of Care

SUMMARY OF HOMELESS STATUS CERTIFICATION STANDARDS

PRIORITY ORDER FOR DOCUMENTATION

The U.S. Department of Housing and Urban Development's (HUD) priority order for documentation certifying homeless status for an individual/household who is applying for homeless assistance is as follows: third party written documentation, third party verbal documentation, written intake staff observations, and self-certification by applicant.

Exceptions to the preferred order for documentation are as follows: instances where emergency shelter, street outreach, or victim services are being provided, or to protect the safety of individuals/families fleeing or attempting to flee domestic violence.

It is the preference of the Long Beach Continuum of Care that third party certification be obtained and recorded on file within ten (10) business days from the day that the client is entered into an AGENCY program.

AGENCY staff must make and document a minimum of three (3) attempts within the 10 business day time period.

If AGENCY staff have attempted to but are unable to obtain third party verification, and a lower documentation standard is permitted by the program regulations, AGENCY staff will document ALL attempts to obtain the third party documentation in the Agency Certification of Due Diligence. The information to be recorded includes, but not limited to, the date of the attempt, contact method, name of the person/organization, appropriate contact information for the person/organization, outcome of attempt, and the initials of the AGENCY staff who initiated the contact attempt.

Check the appropriate category. All requirements under the Category must be met:

Category	Category Requirements	Documentation Priority Order				Due Diligence
		1	2	3	4	
		3 rd Party Written	3 rd Party Verbal	Intake Staff Observation	Self-Certification	
<input type="checkbox"/> Category 1 Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:					
	<input type="checkbox"/> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	<input type="checkbox"/> (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	<input type="checkbox"/> (iii) Is exiting an institution where					
	(a) (s)he has resided for 90 days or less; AND	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	(b) who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that:					
	(i) Residence will be lost within 14 days of the date of application for homeless assistance:					
	<input type="checkbox"/> (a) If tenants / homeowners; OR	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	<input type="checkbox"/> (b) If in hotel / motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals; OR	<input type="checkbox"/> ³	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	<input type="checkbox"/> (c) If in other housing situation; AND	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	(ii) No subsequent residence has been identified; AND	<input type="checkbox"/> ³	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
<input type="checkbox"/> Category 3 Homeless under other Federal statutes	(3) NOTE: Currently, Category 3 is ineligible for determining homeless status in Long Beach CoC					
	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:					
	<input type="checkbox"/> (i) Are defined as homeless under the other listed federal statutes; AND	<input type="checkbox"/>	Ineligible	Ineligible	Ineligible	Ineligible
	<input type="checkbox"/> (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; AND	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
	<input type="checkbox"/> (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; AND	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	Ineligible	<input type="checkbox"/> ²
	<input type="checkbox"/> (iv) Can be expected to continue in such status for an extended period of time due to				<input type="checkbox"/> ⁴	
<input type="checkbox"/> Category 4 Fleeing / Attempting to Flee DV	<input type="checkbox"/> (a) special needs or	<input type="checkbox"/>	Ineligible	<input type="checkbox"/> ⁵	Ineligible	Ineligible
	<input type="checkbox"/> (b) employment barriers	<input type="checkbox"/>	<input type="checkbox"/>	Ineligible	Ineligible	Ineligible
	(4) Any individual or family who:					
	<input type="checkbox"/> (i) Is fleeing, or is attempting to flee, domestic violence;	<input type="checkbox"/> ⁶	Ineligible	<input type="checkbox"/> ⁶	<input type="checkbox"/> ^{6,7}	<input type="checkbox"/>
	<input type="checkbox"/> (ii) Has no other residence; and	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ^{6,7}	<input type="checkbox"/>
	<input type="checkbox"/> (iii) Lacks the resources or support networks to obtain other permanent housing	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ^{6,7}	<input type="checkbox"/>

LEGEND

- 1 - Self-Certification must be supported by Third Party Written Documentation, Third Party Verbal documentation, or Due Diligence
- 2 - Due diligence required if unable to obtain Third Party Documentation
- 3 - Obtain such documentation when practical
- 4 - Exception if move prompted by flight from DV
- 5 - Must be confirmed by written diagnosis from licensed professional within 45 days
- 6 - If Agency is a Non-Victim Service Provider, self-certification of fleeing/attempt to flee DV by individual/head of household. *If there is no threat to the individual's/household's safety*, the self-certification must be supported by either Third Party Written Documentation or Intake Worker Observation
- 7 - If agency is a Victim Service Provider, it is permissible to use client certification of all three requirements, either via signed and dated self-certification by individual/head of household OR via oral statement recorded by intake staff, signed and dated as true and complete by intake staff

THIRD PARTY WRITTEN CERTIFICATION OF HOMELESS STATUS

Head of Household Name: _____

Total number of persons in the household: _____ Number of Adults: _____ Number of Children: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature by agency staff indicating their current living situation.

Check only one box and complete that section.

Living Situation: Place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation: _____

Homeless Street Outreach Program Name: _____

Authorized Street Outreach Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

☐ The person(s) named above is/are currently living in a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

Authorized Emergency Shelter Representative Signature: _____ Date: _____

Living Situation: Transitional Housing

☐ The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The person(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

Immediately prior to entering transitional housing, the person(s) named above was/were residing in: ☐ emergency shelter OR ☐ place unfit for human habitation

Authorized Transitional Housing Representative Signature: _____ Date: _____

Living Situation: Exiting an Institution

☐ The person(s) named above is/are currently exiting an institution where he/she has resided for 90 days or less.

Institution Name: _____

Entry date: _____ Exit date: _____

Immediately prior to entering the institution, the person(s) named above was/were residing in: ☐ emergency shelter OR ☐ place unfit for human habitation

Authorized Institution Representative Signature: _____ Date: _____

Living Situation: Imminent Risk of Homelessness

☐ The person(s) named above will lose their primary nighttime residence within 14 days of the date of application for homeless assistance.

Residence Address: _____

Description of situation: _____

Lessor Name: _____

Lessor Signature: _____ Date: _____

Living Situation: Fleeing / Attempting to Flee Domestic Violence

☐ The person(s) named above is/are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to personal safety.

Description of situation: _____

Organization Name: _____

Authorized Organization Representative Signature: _____ Date: _____

Long Beach Continuum of Care Agency Staff Use Only:

Date Received: _____ Received by: _____

Agency Name: _____ ☐ See attached Third Party Documentation Initials: _____

THIRD PARTY VERBAL CERTIFICATION OF HOMELESS STATUS

Head of Household Name: _____

Total number of persons in the household: _____ Number of Adults: _____ Number of Children: _____

THIRD PARTY VERBAL NARRATIVE

To be completed in the absence of third party written documentation.

Name of Staff recording the statement: _____ Date: _____

Person being Contacted: _____ Phone: _____

Email: _____

Narrative Description / Verification: _____

DETERMINATION OF HOMELESS STATUSThe above named individual/household (☐ Does / ☐ Does Not) meet the HUD definition of "Homeless."

If homeless, please select the applicable category or categories of homelessness and attach back-up documentation:

<input type="checkbox"/> Category 1 Literally Homeless	Individual / family who lacks a fixed, regular, and adequate nighttime residence, meaning ONE of the following: <input type="checkbox"/> Has a primary nighttime residence that is a public or private place not meant for human habitation; OR <input type="checkbox"/> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements; OR <input type="checkbox"/> Is exiting an institution where (s)he has 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.
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	Individual / family who will imminently lose their primary nighttime residence within 14 days of application for homeless assistance. (Note: Must also document that no subsequent residence has been identified AND the individual / family lacks the resources or support networks to obtain other permanent housing.)
<input type="checkbox"/> Category 3 Homeless under other Federal Statutes	NOTE: Category 3 is ineligible for determining homeless status in Long Beach CoC.
<input type="checkbox"/> Category 4 Fleeing / Attempting to Flee DV	Any individual / family who is fleeing, or is attempting to flee, domestic violence. (Note: Must also document that the individual / family: 1. has no other residence AND 2. lacks the resources or support networks to obtain other permanent housing.)

If not "homeless," please explain why and attach any applicable back-up documentation: _____

AGENCY STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented on and attached to this form is true, accurate and complete.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

CERTIFICATION OF HOMELESS STATUS VIA INTAKE STAFF OBSERVATION

Head of Household Name: _____

Total number of persons in the household: _____ Number of Adults: _____ Number of Children: _____

INTAKE STAFF OBSERVATION NARRATIVE

To be completed in the absence of third party documentation. Only valid for household fleeing domestic violence when the household's safety would not be jeopardized.

Name of Staff recording observation: _____ Date: _____

Narrative Description / Verification: _____

DUE DILIGENCE ATTEMPTS TO OBTAIN THIRD PARTY DOCUMENTATION

- I understand that it is the preference of the Long Beach Continuum of Care that third party certification be obtained and recorded on file within ten (10) business days from the day that the client is entered into an agency program.
- I understand that I must make a minimum of three (3) attempts within this time period.
- I understand that when I have attempted to but cannot obtain third party verification, AND a lower documentation standard is permitted by the program regulations, I will document ALL attempts to obtain the third party documentation below, including, but not limited to, 1) the date of the attempt, 2) name of the person/organization, 3) appropriate contact information for the person/organization, 4) outcome of attempt, and 5) my initials.

Documentation of attempts made for third-party documentation:

	Date	Person being Contacted	Contact Information (e.g. phone no., email address, fax no.)	Outcome	LB CoC Staff Initials
1.					
2.					
3.					

DETERMINATION OF HOMELESS STATUS

The above named individual/household (☐ Does / ☐ Does Not) meet the HUD definition of "Homeless."

If homeless, please select the applicable category or categories of homelessness and attach back-up documentation:

<input type="checkbox"/> Category 1 Literally Homeless	Individual / family who lacks a fixed, regular, and adequate nighttime residence, meaning ONE of the following: <input type="checkbox"/> Has a primary nighttime residence that is a public or private place not meant for human habitation; OR <input type="checkbox"/> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements; OR <input type="checkbox"/> Is exiting an institution where (s)he has 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.
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	Individual / family who will imminently lose their primary nighttime residence within 14 days of application for homeless assistance. (Note: Must also document that no subsequent residence has been identified AND the individual / family lacks the resources or support networks to obtain other permanent housing.)
Category 3 Homeless under other Federal Statutes	NOTE: Category 3 is ineligible for determining homeless status in Long Beach CoC.
<input type="checkbox"/> Category 4 Fleeing / Attempting to Flee DV	Any individual / family who is fleeing, or is attempting to flee, domestic violence. (Note: Must also document that the individual / family: 1. has no other residence AND 2. lacks the resources or support networks to obtain other permanent housing.)

If not "homeless," please explain why and attach any applicable back-up documentation: _____

AGENCY STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented on and attached to this form is true, accurate and complete.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

SELF-CERTIFICATION OF HOMELESS STATUS

Head of Household Name: _____

Total number of persons in the household: _____ Number of Adults: _____ Number of Children: _____

This is to certify that the above named individual or household is currently homeless, based on the following and other indicated information and the signed declaration by the applicant.

SECTION 1: Check only one box and complete only that section☐ I am/We are currently homeless and living on the street.

Check all that apply and provide description:

☐ Park(s): _____☐ Alleys: _____☐ Abandoned buildings: _____☐ Under bridges and bypasses: _____☐ Automobile: _____☐ Other: _____☐ I am/We are currently residing in an emergency shelter.

Emergency Shelter Program Name: _____

☐ I am/We are currently residing in a transitional housing program.

Transitional Program Name: _____

Right before entering the program, I/we was/were residing in: ☐ emergency shelter OR ☐ a place unfit for human habitation OR ☐ N/A☐ I was/We were released from an institution (e.g. jail, prison, hospital) where I/we stayed for 90 days or less.

Institution Name: _____

Dates of stay: _____

Right before entering the institution, I/we was/were residing in: ☐ emergency shelter OR ☐ a place unfit for human habitation☐ I/We will lose my/our housing within the next 14 days.

Housing Address: _____

I/we do not have anywhere else I/we can move: ☐ True OR ☐ FalseI/we do not have any resources, family, or friends that can help me/us move into housing: ☐ True OR ☐ False☐ I am/We are the victim(s) of domestic violence and am/are fleeing from abuse.

Additional details/Statement: _____

I/we do not have anywhere else I/we can move: ☐ True OR ☐ FalseI/we do not have any resources, family, or friends that can help me/us move into housing: ☐ True OR ☐ False**SECTION 2: Complete all questions**

- I/We have been homeless for one year or longer. ☐ True OR ☐ False
- I/We have been homeless four or more times in the last three years. ☐ True OR ☐ False
- I am disabled. ☐ True OR ☐ False
- Another member of the household is disabled. ☐ True OR ☐ False OR ☐ Not Applicable

SECTION 3: Sign and date

I certify that, to the best of my knowledge and belief, all the information above and any other information I have provided in applying for homeless assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

AGENCY STAFF CERTIFICATION

I have reviewed the information with the applicant. I understand that third-party verification is the preferred method of certifying homelessness. I understand self-certification is only permitted when I have attempted to but cannot obtain third party verification, and documentation of due diligence to attempt to obtain third party documentation must be completed within ten days.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

Long Beach Continuum of Care

AGENCY CERTIFICATION OF HOMELESS STATUS

Head of Household Name: _____

Total number of persons in the household: _____ Number of Adults: _____ Number of Children: _____

DUE DILIGENCE ATTEMPTS TO OBTAIN THIRD PARTY DOCUMENTATION

- I understand that it is the preference of the Long Beach Continuum of Care that third party certification be obtained and recorded on file within ten (10) business days from the day that the client is entered into an agency program.
- I understand that I must make a minimum of three (3) attempts within this time period.
- I understand that when I have attempted to but cannot obtain third party verification, AND a lower documentation standard is permitted by the program regulations, I will document ALL attempts to obtain the third party documentation below, including, but not limited to, 1) the date of the attempt, 2) name of the person/organization, 3) appropriate contact information for the person/organization, 4) outcome of attempt, and 5) my initials.

Documentation of attempts made for third-party documentation:

	Date	Person being Contacted	Contact Information (e.g. phone no., email address, fax no.)	Outcome	LB CoC Staff Initials
1.					
2.					
3.					

DETERMINATION OF HOMELESS STATUS

The above named individual/household (☐ Does / ☐ Does Not) meet the HUD definition of "Homeless."

If homeless, please select the applicable category or categories of homelessness and attach back-up documentation:

<input type="checkbox"/> Category 1 Literally Homeless	Individual / family who lacks a fixed, regular, and adequate nighttime residence, meaning ONE of the following: <input type="checkbox"/> Has a primary nighttime residence that is a public or private place not meant for human habitation; OR <input type="checkbox"/> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements; OR <input type="checkbox"/> Is exiting an institution where (s)he has 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.
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	Individual / family who will imminently lose their primary nighttime residence within 14 days of application for homeless assistance. (Note: Must also document that no subsequent residence has been identified AND the individual / family lacks the resources or support networks to obtain other permanent housing.)
<input type="checkbox"/> Category 3 Homeless under other Federal Statutes	NOTE: Category 3 is ineligible for determining homeless status in Long Beach CoC.
<input type="checkbox"/> Category 4 Fleeing / Attempting to Flee DV	Any individual / family who is fleeing, or is attempting to flee, domestic violence. (Note: Must also document that the individual / family: 1. has no other residence AND 2. lacks the resources or support networks to obtain other permanent housing.)

If not "homeless," please explain why and attach any applicable back-up documentation: _____

AGENCY STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented on and attached to this form is true, accurate and complete.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

Long Beach Continuum of Care

VERIFICATION OF DISABILITY

I hereby certify that

Printed Program Participant Name

(☐ Does / ☐ Does Not) meet the U.S. Department of Housing and Urban Development's (HUD) definition of "Disability," defined at 42 USC § 11360(9), as verified by one or more of the following third party documentation standards at 583.301(c) and/or 578.103(a)(4)(i)(B):

Documentation Requirements (select all that apply and attach documentation)	
<input type="checkbox"/>	1. Written verification of the disability by a professional licensed by the State of California to diagnose and treat the disability AND his or her certification that the disability is expected to be long-continuing or of indefinite duration AND substantially impedes the individual's ability to live independently; OR
<input type="checkbox"/>	2. Written verification from the Social Security Administration; OR
<input type="checkbox"/>	3. The receipt of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability Compensation).

AGENCY STAFF CERTIFICATION OF DISABILITY VERIFICATION DOCUMENTATION

I certify that, to the best of my knowledge and belief, all the information presented on and attached to this form is true, accurate and complete.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

Definitions

Disability.

- A condition that:
 - Is expected to be of long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by more suitable housing conditions; *and*
 - Is a *physical, mental, or emotional impairment*, including an impairment caused by alcohol or drug abuse, *post traumatic stress disorder*, or *brain injury*.
- A *development disability*, as defined by 42 USC 15002 Section 102:
 - A severe, chronic disability of an individual that—
 - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the individual attains age 22; *and*
 - Is likely to continue indefinitely; *and*
 - Results in substantial functional limitations in three or more of the following areas of major life activity:
 - Self-care or self-direction;
 - Receptive and expressive language;
 - Learning;
 - Mobility;
 - Self-direction
 - Capacity for independent living;
 - Economic self-sufficiency; *and*
 - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
 - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the developmental disability criteria identified above, *if* without services and supports, the individual has a high probability of meeting those criteria in later life.
- The disease of *acquired immunodeficiency syndrome* (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Person with disabilities.

- A household composed of one or more persons at least one of whom is an adult who has a disability.

Long Beach Continuum of Care

CERTIFICATION OF CHRONICALLY HOMELESS STATUS

I hereby certify that

Printed Program Participant Name

(☐ Does / ☐ Does Not) meet the U.S. Department of Housing and Urban Development's (HUD) definition of "Chronically homeless," defined at 24 CFR §91.5, as verified by the attached documentation:

"Chronically Homeless" Requirements (Attach applicable documentation)

- ☐ 1. An individual or family with a head of household who meets ALL THREE of the following requirements:
- ☐ a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
 - ☐ b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years that equal 12 months of homelessness combined; AND
 - ☐ c. 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 42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- ☐ 2. OR, an individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in section (1) of this definition, before entering that facility

If not chronically homeless, please explain why and attach any applicable back-up documentation: _____

AGENCY STAFF CERTIFICATION OF CHRONIC HOMELESS STATUS

I certify that, to the best of my knowledge and belief, all the information presented on and attached to this form is true, accurate and complete.

Authorized Agency Representative Signature: _____

Agency Representative Name: _____ Date: _____

Agency Name: _____

Long Beach Continuum of Care

CHRONICALLY HOMELESS

Definitions

Disability.

- A condition that:
 - Is expected to be of long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by more suitable housing conditions; *and*
 - Is a *physical, mental, or emotional impairment*, including an impairment caused by alcohol or drug abuse, *post traumatic stress disorder*, or *brain injury*.
- A *development disability*, as defined by 42 USC 15002 Section 102:
 - A severe, chronic disability of an individual that–
 - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the individual attains age 22; *and*
 - Is likely to continue indefinitely; *and*
 - Results in substantial functional limitations in three or more of the following areas of major life activity:
 - Self-care or self-direction;
 - Receptive and expressive language;
 - Learning;
 - Mobility;
 - Self-direction
 - Capacity for independent living;
 - Economic self-sufficiency; *and*
 - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
 - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the developmental disability criteria identified above, *if* without services and supports, the individual has a high probability of meeting those criteria in later life.
- The disease of *acquired immunodeficiency syndrome (AIDS)* or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Person with disabilities.

- A household composed of one or more persons at least one of whom is an adult who has a disability.

Chronically homeless.

- An individual who:
 - Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; *and*
 - Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years that equal 12 months of homelessness combined; *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;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; *or*
- 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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.