



## Recertification Form

**INTRODUCTION:** The **Recertification Form** is used to continue to certify the participant's eligible in the program. Households receiving assistance must be recertified when there is a change in household, change in income and if the participant has been enrolled in the program for a year. Supporting documentation must be placed in the participant master file.

**PARTICIPANT NAME:** \_\_\_\_\_

**HMIS ID:** \_\_\_\_\_

**STAFF NAME:** \_\_\_\_\_

**DATE OF RECERTIFICATION:** \_\_\_\_\_

### TYPE OF RE-CERTIFICATION:

Check the recertification condition below

☐ Change in Household

☐ Change in Income

☐ Annual Recertification

### PROGRAM INFORMATION

Check the program the participant is enrolled in and complete the information below

#### HOUSING NAVIGATION

#### RAPID REHOUSING

☐ CES Housing Navigation for Youth

☐ CES Rapid Rehousing for Youth

☐ CES Housing Navigation for Single Adults

☐ CES Rapid Rehousing for Single Adults

☐ CoC Rapid Rehousing

### ENROLLMENT INFORMATION

Program Enrollment Date: \_\_\_\_\_

Number of Months Enrolled in Program: \_\_\_\_\_

### FINANCIAL ASSISTANCE INFORMATION- RAPID REHOUSING ONLY

Total Number of Months Received Rental Assistance: \_\_\_\_\_

Date of last received Rental Assistance: \_\_\_\_\_

### HOUSING STATUS

Check below the participant's current household's housing status. Include required documentation in master file.

☐ HUD Category 1: Literally Homeless

☐ HUD Category 2: Imminent Risk of Homelessness

☐ HUD Category 4: Fleeing/Attempting to Flee DV

☐ Participant is in permanent housing. The Destination & Move-In Date is recorded in HMIS.

☐ Other: \_\_\_\_\_

**Documentation Provided:**

☐ Yes ☐ No



## INCOME

Utilize the Household Composition & Income Eligibility Form to determine household income. Households with income above 50% Area Median Income (AMI) are ineligible for enrollment. Check if the participant has meet the requirement or not and complete the information below.

- ☐ Household Income meets AMI requirements
- ☐ Household Income DOES NOT meet AMI requirements

**Documentation Provided:** ☐ Yes ☐ No

**HMIS Status Update Assessment entered** ☐ Yes ☐ No

## NEED

Please check below if the participant is in need of ongoing services.

**Note:** For clients who are receiving ongoing financial assistance, staff must document their inability to pay for the item **BUT FOR** the CES/CoC assistance. Include documentation in master file.

- ☐ Household HAS NO other housing options, financial resources, or support networks identified
- ☐ Household HAS other housing options, financial resources, or support networks identified
- ☐ Participant is in need of Financial Assistance (Rapid Rehousing only)
- ☐ Participant is in need of Case Management Services (Rapid Rehousing only)
- ☐ Participant is in need of Housing Navigation Services

## SERVICE EXTENSION REQUEST

If a participant no longer meets program eligibility and is requesting to extend services or financial services, a Service Extension Request must be completed and submitted to LAHSA.

**Need for Service extension** ☐ Yes ☐ No

## STAFF CERTIFICATION

- ☐ Household Eligible for Ongoing Assistance.
- ☐ Household Ineligible for Ongoing Assistance. Staff will request a service extension request.
- ☐ Household Ineligible for Ongoing Assistance. Staff must complete an Exit Plan with participant.

***I, hereby certify that all the information provided on this form is true and correct.***

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date