| **Housing & Homeless History Client Name:**  |
| --- |

|  | **Month** **# 1** | **Month** **# 2** | **Month** **# 3** | **Month** **# 4** | **Month** **# 5** | **Month** **# 6** | **Month** **# 7** | **Month** **# 8** | **Month** **# 9** | **Month** **# 10** | **Month** **# 11** | **Month** **# 12** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mo./Yr. | *(Current Status)* |  *(Prev. Month)* |  |  |  |  |  |  |  |  |  |  |
| Location*Check all that Apply* | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Inst.  (<90 days) |
| Doc. Type*Check One**(Except Self-Cert. must**select both)* | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Discharge Paperwork☐ Referral ☐ Letter☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence |
| Doc. Att. | ☐Yes ☐No  | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No |

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| Break Mo./Yr. & Descr. or N/A | Break 1:Break 2:Break 3:If there are additional breaks please detail and attach. |
| Notes |  |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? \* ☐ Yes ☐ No*\* Please be advised that if you answered* ***YES****, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified.* ***Please check with you project administrator to ensure your project has not exceeded its self-certification cap.*** |
| *Key* | *Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Cert. = Certification, Descr. = Description, Prev.= Previous* |
|  |  **Chronic Homelessness Documentation Worksheet - Page 1 of 2 (Not including Attachments)** |

| **Rensselaer County Coordinated Entry****Chronic Homelessness Documentation Worksheet** |
| --- |
| **Disability Status Client Name:**  |
| HUD defines a disability as a condition that: Is expected to be long-continued or of indefinite duration; substantially impedes the individual's ability to live independently; could be improved by the provision of more suitable housing conditions; and is one of the conditions listed below. The head of household and/or household members have been diagnosed with one or more of the following conditions (check all that apply): |
| ☐ Substance use disorder☐ Serious mental illness ☐ Developmental disability ☐ Post-traumatic stress disorder | ☐ Cognitive impairments resulting from brain injury☐ Chronic physical illness or disability☐ Other (describe): |
| Documentation Attached:☐ Written verification of the disability from a licensed professional;☐ Written verification from the Social Security Administration;☐ The receipt of a disability check; or☐ Intake staff-recorded observation of disability that, no later than 45 days from intake to a housing program, will accompanied by supporting evidence.  |

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| **Staff and Client Certifications** |

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| **Client 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 application for assistance being cancelled or denied. It is my responsibility to notify* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *of any changes in my housing status or address verbally or in writing during program participation and I understand that my application may be cancelled if I fail to do so.*  |

| **Client Name: (Printed)** | **Client Signature:** | **Date:** |
| --- | --- | --- |

| **Staff Certification:** *Unless otherwise indicated, all outreach observations indicated on the Housing & Homeless History chart were made by staff and/or volunteers of this agency. To the best of my knowledge and ability, all of the information and documentation used in making this eligibility summary is true and complete.* |
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| **Staff Name: (Printed)** | **Staff Signature:** | **Date:** |
| --- | --- | --- |
| **Title:** | **Agency:** |  |

| **Notes:** |
| --- |
| **Chronic Homelessness Documentation Worksheet - Page 2 of 2 (Not including Attachments)** |