

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.												
	<i>(Current Status)</i>	<i>(Prev. Month)</i>										
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<i><90 days</i>)
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Letter <i>(Except Self-Cert. must select both)</i>
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Break Mo./Yr. & Descr. or N/A	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach.
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Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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Key Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Cert. = Certification, Descr. = Description, Prev.= Previous

Rensselaer County Coordinated Entry

Chronic Homelessness Documentation Worksheet

Disability Status	Client Name:								
<p>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.</p> <p>The head of household and/or household members have been diagnosed with one or more of the following conditions (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Substance use disorder</td> <td><input type="checkbox"/> Cognitive impairments resulting from brain injury</td> </tr> <tr> <td><input type="checkbox"/> Serious mental illness</td> <td><input type="checkbox"/> Chronic physical illness or disability</td> </tr> <tr> <td><input type="checkbox"/> Developmental disability</td> <td><input type="checkbox"/> Other (describe):</td> </tr> <tr> <td><input type="checkbox"/> Post-traumatic stress disorder</td> <td></td> </tr> </table>		<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Cognitive impairments resulting from brain injury	<input type="checkbox"/> Serious mental illness	<input type="checkbox"/> Chronic physical illness or disability	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Post-traumatic stress disorder	
<input type="checkbox"/> Substance use disorder	<input type="checkbox"/> Cognitive impairments resulting from brain injury								
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<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Other (describe):								
<input type="checkbox"/> Post-traumatic stress disorder									
<p>Documentation Attached:</p> <p><input type="checkbox"/> Written verification of the disability from a licensed professional;</p> <p><input type="checkbox"/> Written verification from the Social Security Administration;</p> <p><input type="checkbox"/> The receipt of a disability check; or</p> <p><input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from intake to a housing program, will accompanied by supporting evidence.</p>									

Staff and Client Certifications		
<p>Client Certification: <i>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.</i></p>		
Client Name: (Printed)	Client Signature:	Date:

<p>Staff Certification: <i>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.</i></p>		
Staff Name: (Printed)	Staff Signature:	Date:
Title:	Agency:	

Notes:
