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## *Ventura County Continuum of Care Literal Homeless Documentation Checklist*

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**Instructions:** This recommended checklist should be used as a guide to confirm homeless status eligibility for housing programs. Please use the attached forms, to satisfy HUD requirements for Permanent Housing eligibility.

**Definitions:**

**Category 1: Literally HOMELESS STATUS:**

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (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); or (iii) 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

**Category 2: Imminent Risk of Homelessness**

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; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

**Category 4: Fleeing/ Attempting to Flee DV**

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

**Supportive Documentation Required for Homeless Status:** Attach one or more of the following. Documentation must include the client is Category 1: Literally Homeless Status, Category 2: Imminent Risk of Homelessness or Category 4: Fleeing/ Attempting to Flee DV. Examples of documentation to be included are listed below:

**Category 1: Literally HOMELESS STATUS**

- ☐ Certification letter(s) from an emergency shelter for the homeless OR
- ☐ Certification letter(s) from a homeless service provider or outreach worker OR
- ☐ Certification letter(s) from any other health or human service provider OR
- ☐ Self-Certification from the individual or head of household seeking assistance
- ☐ For individuals exiting an institution- one of the forms of evidence above AND:
  - ☐ Discharge paperwork or written/ oral referral, or
  - ☐ Written record of intake worker's due diligence to obtain above evidence AND
  - ☐ Certification by individual that they exited institution

**Category 2: Imminent Risk of Homelessness**

- ☐ A court order resulting from an eviction action notifying the individual or family that they must leave; OR
- ☐ For individual and families leaving a hotel or motel- evidence that they lack the financial resources to stay OR
- ☐ A documented and verified oral statement AND
- ☐ Certification that no subsequent residence has been identified AND
- ☐ Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing

**Category 4: Fleeing/ Attempting to Flee DV**

*For victim service providers:*

- ☐ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker

☐ *For non-victim service providers:*

Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND

- ☐ Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Criteria and Recordkeeping Requirements for Definition of Homelessness Resource:

[Homeless Eligibility – CoC At A Glance – Virtual Binders](#)

[Chronic Homelessness Status – CoC At A Glance – Virtual Binders](#)

[Disability Definition – CoC At A Glance – Virtual Binders](#)

**Additional Supportive Documentation for Veterans and Income**  
**Supportive Documentation Required Veteran Status (*if applicable*):**

☐ The DD Form 214, Certificate of Release or Discharge from Active Duty

Additional questions:

- 1) Yes ☐ or No ☐ : Person served in the active military, naval or air service of the U.S. or as a member of the National Guard for a period of not fewer than 90 consecutive days or was discharged from service due to a service-related disability. This includes veterans with other-than-honorable discharges.
- 2) Yes ☐ or No ☐ : Is the Veteran connected to VA Healthcare?  
If no, refer to Ventura VA Clinic 877-251-7295 to establish healthcare services or/  
Salvation Army Supportive Services Veteran Families for support.
- 3) Yes ☐ or No ☐ : The DD 214 Form is attached.  
If no, refer to Veteran Services Office 805-477-5155 to make an appointment or Gold Coast Veterans Foundation for support.

**Supportive Documentation Required for Income Verification (*if applicable*):** Third-party income verification will be required from all sources, including but not limited to:

- ☐ Employment, Self-Employment
- ☐ Savings and checking
- ☐ Pension
- ☐ Disability
- ☐ Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
- ☐ Government assistance, A.F.D.C., food stamps, etc
- ☐ Social Security
- ☐ Child Support/Alimony
- ☐ Non-Tuition Financial Aid

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 1: Current Housing Status Details**

*Client must currently be in one of these locations in order to be considered chronically homeless.*

**Client is currently residing:**

- ☐ In an Emergency Shelter  
☐ On the Streets/Place not Meant for Human Habitation (car, encampment, uninhabitable garage, RV, etc.)  
☐ In a Safe Haven  
☐ In an Institutional Care Facility (Where they have been for fewer than 90 days)

Location Name and Address: \_\_\_\_\_

<b>Start Date:</b> _____	<b>End Date:</b> _____
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**Location Name/ Address:**

**Current Housing Status Notes-Describe living situation/circumstances:**  
*(ex: living in a garage w/out proper ventilation)*

## Third Party Verification of Homeless Status

**Instructions:** This form can be completed by an outreach worker, social service provider, healthcare provider, law enforcement officer, shop keeper, neighbor, friend, community member or qualified person who can verify the client's homeless status. A letter or email from a provider is also acceptable documentation.

Please specify where you **physically witnessed/observed** the client living and your relationship to the client:

I certify that \_\_\_\_\_ has been homeless and staying in places not meant for human habitation or emergency shelters for the periods of time listed above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

## Referral from Outside Service Provider Verification of Homeless Status

**Instructions:** This form can be completed by social service provider, healthcare provider, or qualified person who provided services to the client and the client reported they are homeless. A letter or email from a provider is also acceptable documentation.

Please specify where your client presented for services, where they reported to be living and your relationship to the client (Maximum of 3 months):

I certify that \_\_\_\_\_ has been homeless and staying in places not meant for human habitation or emergency shelters for the periods of time listed below:

Month 1: \_\_\_\_\_ Month 2: \_\_\_\_\_

Month 3: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## Literal Homeless Self-Statement Certification

I certify that I was homeless (that is sleeping in a place not meant for human habitation/living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Between Example: Oct, 2015 and Feb., 2016 I lived at ARCH Shelter

Month 1: \_\_\_\_\_ I lived at \_\_\_\_\_

Month 2: \_\_\_\_\_ I lived at \_\_\_\_\_

Month 3: \_\_\_\_\_ I lived at \_\_\_\_\_

What else would you like to share about your history? For example, *"I can't remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."*

I certify that the above information is correct.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

I reviewed the above statement with the client.

\_\_\_\_\_  
(Signature of Staff Witness)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

Intake Worker: What steps were taken to verify this information:



## Permanent Housing Certification of Disability for Program Eligibility Purposes

*(form to be completed by a licensed professional, certified to treat the condition listed below)*

RE: \_\_\_\_\_

*(Name of Applicant/Resident)*

I authorize the release of information, relative to my physical or mental impairment, to \_\_\_\_\_ to verify whether my disability is covered by the definitions below. This information will be used to verify my eligibility for the housing program.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The individual named above is an individual with **(Check all that apply and specify diagnosis)**  
*Regulations in H.E.A.R.T.H. Act require that the disability must always be specifically identified in order to be able to confirm eligibility.*

- ☐ Mental Disability (Serious mental illness) \_\_\_\_\_
- ☐ Chronic Physical Illness or Disability \_\_\_\_\_
- ☐ Developmental Disability \_\_\_\_\_
- ☐ Substance Use Disorder \_\_\_\_\_
- ☐ Post-Traumatic Stress Disorder \_\_\_\_\_
- ☐ Cognitive impairments resulting from brain injury \_\_\_\_\_

In my professional opinion, the applicant meets the definition of a Disabled Person, as defined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address City State Zip

(Please complete back of form)





## Permanent Housing Certification of Disability for Program Eligibility Purposes

**The definition of a disabled person includes a person who meets any one of the following criteria:**

*The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that:*

☐ *Is expected to be long-continuing or of indefinite duration;*

*I. Substantially impedes the individual's ability to live independently;*

*II. Could be improved by the provision of more suitable housing conditions; and*

*III. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*

☐ *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*

☐ *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency*

*for acquired immunodeficiency syndrome.*

In my professional opinion, the applicant meets the definition of a Disabled Person, as defined above.

Professional Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



#### Part 4: Staff and Client Certifications

##### 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 participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify \_\_\_\_\_ of any changes in my housing status or address 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:** *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: (Printed)**

**Staff Signature:**

**Date:**

**Staff Role:**

**Agency:**

##### Notes: