Verify Eligibility for the Continuum of Care Program

CoC Subrecipient Convening | October 4, 2019
In order to refer a new client to a CoC program, we must:

- Verify program eligibility
- Verify household composition
- Verify income for each member of the household
- Obtain client’s permission to share personal data

Today, we are doing a deeper dive on

PROGRAM ELIGIBILITY
Eligibility ➡ RRH versus PSH

For CoC
Rapid Re-Housing

• **Literally Homeless** at the time of program entry

For CoC Permanent Supportive Housing

• **Chronically Homeless**
• With a **Disability**
HUD Definition of Homeless

Category 1
- Sleeping in a place not designed for human accommodation
  or
- Shelter, Transitional Housing, Hotels/Motels paid for by a Nonprofit or other Org
  or
- Coming from an institution where they stayed 90 days or less
  and
- was homeless before entering institution

Category 4
- Fleeing domestic violence, stalking, or other life threatening conditions
  and
- Has no other nighttime residence
  and
- Lacks the resources to obtain other housing

Category 2*
* Only for unaccompanied and/or pregnant/parenting youth
- Primary nighttime residence will be lost in 14 days
  and
- No subsequent residence
  and
- Lacks the resources to obtain other housing

http://hsh.sfgov.org
Documenting Homelessness

DO:

• Fill out Form B
• Attach a letter from a third party
• Help client complete a Self-Declaration of Homelessness Form and co-sign it only if other documentation is absolutely not possible

DON’T:

• Worry about anyone besides Head of Household
• Ask Category 4 applicants for Police Records
A person is Chronically Homeless if:

• They are literally homeless

and

• They have been living in a place not meant for human habitation, shelter, or safe haven:
  
  ❑ Continuously for at least 12 months OR
  
  ❑ On at least 4 occasions in the last 3 years, totaling 12 months
    ➢ Each break is at least 7 nights

and

• They have a disability of a long and continued nature
Can come directly from an institution if:

- Current stay is **shorter than 90 days**;
- Applicant entered institution from a place not meant for human habitation, safe haven, or shelter immediately before being institutionalized.

Includes jail, substance use or mental health treatment facilities, hospitals.

**Veterans** are eligible for CoC PSH if the VA identified the applicant as being chronically homeless at intake and they are still in that episode of care with the VA.
These count as breaks:

- 91 days in an inpatient clean and sober program
- A month staying with friends

These are not breaks:

- 15 days at the hospital
- Sleeping one night on mom’s couch
- Going away to a partner’s place every weekend
PSH: Chronic Homelessness

TRACKING CHRONIC HOMELESSNESS

<table>
<thead>
<tr>
<th>Location (Check all that apply)</th>
<th>Month # 1</th>
<th>Month # 2</th>
<th>Month # 3</th>
<th>Month # 4</th>
<th>Month # 5</th>
<th>Month # 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streets Shelter</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Safe Haven</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Inst. (&lt;90 days)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Doc. Type / (Check one)</th>
<th>Month # 7</th>
<th>Month # 8</th>
<th>Month # 9</th>
<th>Month # 10</th>
<th>Month # 11</th>
<th>Month # 12</th>
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</thead>
<tbody>
<tr>
<td>ONE System / Comp. Database</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Third-Party Cert.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Intake Conv. Cert.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Self-Cert.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

| Doc. attached?                 | Yes       | No        | Yes       | No         | Yes        | No         |

<table>
<thead>
<tr>
<th>Break No./N/A &amp; Descri.</th>
<th>Break 1:</th>
<th>Break 2:</th>
<th>Break 3:</th>
<th>Break 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>or N/A</td>
<td></td>
<td></td>
<td></td>
<td>If there are additional breaks please detail and attach.</td>
</tr>
</tbody>
</table>


http://hsh.sfgov.org
PSH: Chronic Homelessness

DOCUMENTATION DOs:

• Use the tracking sheet
• Get third party documentation on letterhead
• Co-sign self-certification forms

DOCUMENTATION DON’Ts:

• Submit medical records
• Include DMV request letters
• Worry about anyone except the Head of Household
I. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury, that:

- Is expected to be long-continuing or of indefinite duration; AND
- Substantially impedes the individual’s ability to live independently.
II. A developmental disability that:
  • is severe and chronic; AND
  • is manifested before the individual attains age 22; AND
  • is likely to continue indefinitely; AND
  • results in substantial functional limitations in 3 or more of the following areas of major life activity:
    ❑ Self-care;
    ❑ Receptive and expressive language;
    ❑ Learning;
    ❑ Mobility;
    ❑ Self-direction;
    ❑ Capacity for independent living;
    ❑ Economic self-sufficiency.
III. HIV or AIDS and/or another disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.
DOCUMENTATION DOs:

• Get third party documentation on letterhead
• Form D witnesses must be licensed/credentialed to perform mental health assessments (e.g. LCSW, MFCC, LPHA, etc.) and substance use assessments (e.g. LCSW, LPHA, CAADAC, etc.).

DOCUMENTATION DON'Ts:

• Submit medical records
• Worry about anyone except the Head of Household
Eligibility FAQs

Citizenship status. All household members must be able to offer proof of US citizenship, lawful permanent residency, or Qualified Alien status.

Adding members to the household. OK so long as the new members have eligible citizenship status and are literally homeless.

Why does it take so long? We only make referrals once we have confirmed income for all household members, are sure that the unit has passed HQS, and the client has cleared the program’s compliance requirements.
Federal Subsidy Program Team

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CoC Eligibility Forms can be found at: 
https://drive.google.com/open?id=1bRVFKT9vFs7inKdyv-F_QTZ6H24cC5kH

http://hsh.sfgov.org