



ELIGIBILITY - NEW PROGRAM PARTICIPANTS

The City and County of San Francisco's Department of Homelessness and Supportive Housing (HSH) is responsible for ensuring that all housing and supportive services clients meet relevant eligibility criteria from initial Access Point intake through program enrollment. HSH will ensure the coordinated entry process prioritizes those most in need in our community for all available housing opportunities.

The following document explains the standards that HSH will use to verify client eligibility.

I. RAPID REHOUSING

Continuum of Care Program and Emergency Solutions Grant All CoC and ESG-funded programs must receive all client referrals through San Francisco's Coordinated Entry process. While Access Points will work to determine and document client eligibility before program referral, program operators are responsible for checking all eligibility documentation provided by the Access Points to ensure all HUD requirements are satisfied.

HSH verifies CoC and ESG Rapid Rehousing (RRH) client eligibility according to:

- Homeless Status (Form B and Forms C1-3, as applicable)
- Household Income (Form E1 and/or E2)



CoC-funded programs should be aware that each year the CoC NOFA may further restrict or define who may be served in which program components. Program operators should be familiar with both the regulations regarding the applicable homeless definition and with any specific requirements imposed by the NOFA under which their grant is operating. These requirements may change as grants are renewed, so program operators should carefully read NOFA requirements each year when they submit their renewal applications to be in compliance with client eligibility requirements.





1. Homeless Status

CoC Rapid Rehousing clients must be literally homeless, per HUD's rules¹, at the time of program entry. CoC rules require documentation at intake of the evidence relied upon to establish and verify homeless status.²

HUD Definition of Homelessness

HUD defines four categories of homeless status. CoC RRH programs serve individuals and families who fall into categories 1 and 4 of HUD's definition of homelessness.³ Youth Homelessness Demonstration Projects may serve unaccompanied youth and parenting or pregnant youth that fall under category 2 as well as 1 and 4.⁴

Category 1 includes, "An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised 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, or local government programs for low-income individuals); or
- An individual who is exiting an institution where he or she 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."⁵

Category 2 includes, "An individual or family who will imminently lose their primary nighttime residence, provided that:

- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing."⁶

Category 4 includes, "Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's

¹ [24 CFR 578.3](#)

² [24 CFR 578.103\(a\)\(3\)](#); [24 CFR 576.500\(b\)](#)

³ [24 CFR 578.37\(a\)\(1\)\(ii\)](#)

⁴ [Youth Homelessness Demonstration Project Notice of Funding Availability Appendix A](#), Section II(C)(2). Youth Homeless Demonstration Projects also may serve unaccompanied youth and parenting or pregnant youth that meet Category 3 of the homeless definition with explicit permission from HUD.

⁵ [24 CFR 578.3](#)

⁶ Ibid.



- primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- Has no other residence; and
 - Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.”⁷

Documentation Requirements

Access Point staff must use a **Certification of Homeless Status Form (Form B)** with an attached third-party verification document (**Form C1**) to document each client’s homeless status. In situations where it is not possible to obtain third-party verification of homelessness or chronic homelessness, Access Point staff may assist the client to complete the Self-Declaration of Homeless Status form (**Form C2**). The Self-Declaration of Homeless Status form only may be used when all other means to obtain verification have failed.⁸

2. Household Income

Although income is not a factor in determining eligibility for CoC programs, income at program entry must be calculated by all CoC programs because this is a required ONE System data element.⁹ Programs that charge rent also collect income information in order to calculate the client’s rental portion.¹⁰

As a condition of participation in the program, each client must agree to supply the information or documentation necessary to verify the client’s income.¹¹

Once HUD program eligibility is determined and applicants are offered participation in an HSH HUD-funded program, designated program staff will calculate client portion of rent for each client based on the household’s income and expenses. ESG-funded RRH program participants must have an annual income at or below 30% of the median family income for the area.¹²

Documentation

For each client who receives housing assistance where rent is paid by the client, HSH must keep the following documentation of gross annual income¹³:

- Income evaluation form specified by HUD and completed by HSH;

AND

⁷Ibid.

⁸ [24 CFR 578.103\(a\)\(3\)](#); [24 CFR 576.500\(b\)](#)

⁹ [2017 HMIS Data Standards](#).

¹⁰ [24 CFR 578.37\(a\)\(1\)\(ii\)\(B\)](#)

¹¹ [24 CFR 578.77\(c\)](#)

¹² <https://www.huduser.gov/portal/datasets/il.html>

¹³ 24 USC 578.103(a)(7)





- Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the client and income received before the date of the evaluation.

OR

- To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by HSH intake staff of the oral verification by the relevant third party of the income the client received over the most recent period;

OR

- To the extent that source documents and third-party verification are unobtainable, the written certification by the client of the amount of income that the client is reasonably expected to receive over the 3-month period following the evaluation.

Forms E1 and E2 are used to calculate a household's annual income. Sources could include:

- Source documents (e.g., most recent wage statements, unemployment compensation statements, public benefits statements, bank statements, letter from employer) for the assets held by the clients and income received before the date of the evaluation;
- To the extent that source documents are unobtainable, written statements by relevant third parties (e.g., employer, government benefits administrator) or written certification by intake staff of the oral verification by the relevant third party of the client's income over the most recent period;
- To the extent that source documents and third-party verification are unobtainable, written certification by the clients of the amount of income that the clients will receive over the next three months ; or
- Declaration of no income (**Form E2**).

3. Other Considerations

Housing Participants Outside of San Francisco

- *A program participant may choose to move outside of the CoC's geographic area if the following conditions are met:*
 - o *The decision to choose housing or move outside of the CoC's geographic area is made in consultation between the participant and the CoC-funded program.*
 - o *The program has the ability is to comply with all CoC program requirements in the geographic area where the housing selected by the participant is selected, including ensuring the housing meets required safety and quality standards, calculating the program participant's income for determining rent contributions, conducting an annual assessment of the participant's service needs, making supportive services available for the duration of the participant's residence in the project, ensuring supportive services are provided in compliance with all State and local licensing codes, and providing monthly case management.*
- *The only reason the program may decline a participant's request to choose housing or move outside of the CoC's geographic area is that the program cannot reasonably meet all statutory and regulatory program requirements. If the participant's request to move is*





declined, but the participant believes the provider could have reasonably accommodated the request, the participant may contact the CoC or HUD directly.

- *The CoC where the participant chooses to move is not involved in the decision and may not prohibit individuals from using their rental assistance in the CoC area.*
- *The program participant remains in the Homeless Management Information*
- *Moving Survivors of Domestic Violence: With respect to a CoC program participant who is fleeing imminent threat of further harm from domestic violence, the program is exempt from regulatory requirements (such as providing monthly case management for RRH projects and conducting an annual assessment of the service needs of the program participant that has moved), but the program would not be exempt from statutory requirements such as participating in HMIS, ensuring housing meets quality standards, and ensuring the educational needs of children are met.*

Immigration Status

Immigration requirements for the receipt of public benefits are governed by Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).¹⁴ The Act generally provides that undocumented immigrants may not receive public benefits. However, rapid re-housing is among the few enumerated federally-funded housing programs that are exempt from verifying immigration status.¹⁵

Housing Quality Standards

In order to ensure that all households receiving HSH HUD funded housing assistance reside in safe, adequate housing, each unit must pass a [Housing Quality Standard Inspection](#) (HQS) before a new client moves in. HSH or a designated program coordinator is responsible for the scheduling and completion of each HQS inspection. **Absolutely no funds will be made available on units that have not completed and passed the HQS inspection process and HSH is under contract with the landlord/property management/housing sponsor agency.**

Any unit receiving HUD rental assistance must pass housing inspection before a client occupies the unit and rental assistance payments can be processed. Housing providers will contact HSH staff to schedule a unit inspection when a unit is posted as vacant in the ONE System.

Households completing their annual recertification and inspection process will be contacted directly by HSH staff to schedule an appointment for the annual inspection. Clients receiving HUD funds are under HSH contract to allow HSH inspectors into their units for annual inspections. Units that do not complete an annual inspection successfully are not eligible for ongoing rental assistance until HSH paperwork is

¹⁴<https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>. See also HUD, HHS, and DOJ, [Joint Letter Regarding Immigrant Access-to-Housing and Services](#), August 5, 2016.

¹⁵ Transitional housing is also exempt, so long as the recipient or subrecipient is not making rental assistance payments on behalf of clients (due to an exception for programs required by regulation to limit assistance based on the client's income). See HUD Office of Special Needs Assistance Programs, [“The Personal Responsibility and Work Opportunity Act of 1996 and HUD’s Homeless Assistance Programs,”](#) August 16, 2016.



complete. Units that do not complete the annual inspection or who do not pass the HQS inspection are subject to rental assistance terminating.

In order to provide continuity and safety to households receiving HSH HUD-funded housing assistance, HSH asks providers to assist in ensuring that the HQS process can be completed. Clients and/or landlords/property management/a representative of the housing sponsor agency must be present to open the door for the HQS inspector. Clients that miss more than two (2) HQS inspection appointments will be in jeopardy of losing their subsidy.

HSH requires written documentation of HQS inspections be uploaded into the ONE system within 3 business days of completion. Tenant will be notified in writing of HQS results.

HMIS Data Entry

All projects funded with CoC funds, except those that are specifically designed for persons fleeing violence, must participate in the [ONE System](#).¹⁶ Victim Service providers are exempted and prohibited from entering data into HMIS, and must maintain a comparable database that collects similar information in order to provide aggregate data to HSH for reporting purposes.

All new project entries must be recorded in HMIS, ensuring that the date of entry corresponds correctly to the date that the client was found to be eligible and admitted to the program in question.

Steps:

- (1) Ensure there is a completed a Coordinated Welcome and Notice of Rights and Services (**Form A**) for all adult members of the household before proceeding.
- (2) Search for the client in HMIS.
- (3) If the client has an HMIS record already, update the information that has changed based on the HMIS intake form and enter the client into the program.
- (4) If the client does not have an HMIS record, create a new record for the client, including all information on the HMIS intake form, and enter the client into the appropriate program.
- (5) If the client household consists of more than one person, be sure to join the members together through the creation of a household. For each member of the household, make sure to check first to see if there is already an HMIS record for that person before creating a new one.

For more information on how to do program entries in HMIS, please see the [ONE System Help and User Guide](#).¹⁷

Other Federal and State Regulatory Requirements

As the grant administrator for HUD's CoC grants, HSH is responsible for ensuring that all recipients of HUD program funds meet the eligibility criteria and program administration requirements as outlined in

¹⁶ [24 CFR 578.57\(b\)](#)

¹⁷ <https://onesf.clarityhs.help/hc/en-us>



the CoC Interim Rule,¹⁸ the Fiscal Year CoC Notice of Funding Available (NOFA)(s) under which the project is funded,¹⁹ applicable Notices,²⁰ the grant agreement, and the applicable written standards of the CoC²¹. These regulations require program enrollment compliance with the Fair Housing Act (including Equal Access and Family Separation),²² the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity regulations (Equal Access Rule),²³ and the Americans with Disabilities Act (ADA) regulations;²⁴ as well as California State housing discrimination laws.²⁵ Programs may not refuse to enroll a client for reasons that are at odds with these laws.

HSH is responsible for ensuring that all HUD-required documentation has been successfully completed. HSH will ensure compliance to these rules by verifying the standards described in this document. It also will retain all unit/household records in accordance to the record keeping requirements in [24 CFR 578.103\(c\)](#) to ensure HUD compliance with the housing quality standards requirements.

II. Permanent Supportive Housing

A. Continuum of Care Program

City and County of San Francisco CoC-funded programs must receive all client referrals through San Francisco's Coordinated Entry process. While Access Points and emergency shelter staff will work to determine and document client eligibility before program referral, program operators are still responsible for checking any eligibility documentation provided by the Access Points and emergency shelter staff to ensure all HUD requirements are satisfied.

HSH verifies CoC Permanent Supportive Housing (PSH) client eligibility according to:

- Chronic homeless status
- Household income
- U.S. citizenship status/qualified alien status/lawful resident status

Please see **CoC/ESG Application: Forms A - E** for the forms used to document CoC PSH client eligibility.

1. Chronic Homeless Status

San Francisco Permanent Supportive Housing programs may only serve chronically homeless individuals and households.

¹⁸ [24 CFR 578](#)

¹⁹ <https://www.hudexchange.info/resource/3115/coc-competition-notices/>

²⁰ <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/#notices>

²¹ SF RRH Written Standards should be included here or incorporated somehow

²² [42 U.S.C. §§ 3601-19](#)

²³ [24 C.F.R. §§ 5.105-06](#)

²⁴ [42 U.S.C. §§ 12131 – 12165](#)

²⁵ [Cal. Gov. Code § 12955 - 12957](#)





HUD Definitions of Chronic Homelessness

HUD's definition of Chronic Homelessness includes individuals who:

- Are currently homeless;

AND

- Have been living in a place not meant for human habitation, a safe haven, or an emergency shelter:
 - Continuously for at least 12 months, OR
 - On at least 4 occasions in the last 3 years, where the combined occasions equal to at least 12 months, with each break in homelessness separating the occasions includes at least 7 nights of not living as described above.

AND

- Have a disability of a long and continued nature.

Households

Chronically homeless households include households with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria above, including a family whose composition has fluctuated while the head of household has been homeless.

Include HUD Equal Access definition of family

Institutional Stays

Chronically homeless individuals and households also include those currently residing in institutional care facilities:

- Whose current stay in institution is fewer than 90 days; AND
- Where the individual or head of household was staying in place not meant for for human habitation, safe haven, or emergency shelter immediately before entering the facility

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and who met all of the criteria for chronic homelessness before entering that facility also qualifies. In addition, a family whose composition has fluctuated while the head of household has been homeless also qualifies as long as the head of household meets the definition of chronic homelessness.

Chronic Homeless Status for Veterans

Please note that people who served in the US military are considered to be chronically homeless if they were chronically homeless during their current period of VA care, even if they have now entered a transitional housing or residential treatment program.





HUD recognizes the chronic status of veterans who were identified as chronically homeless by the VA at initial intake and are still in that episode of care with the VA for all PSH programs, not limited to HUD-Veterans Affairs Supportive Housing (HUD-VASH). HUD recognizes that the way the VA serves its homeless veterans is to conduct an initial verification of status but that the subsequent services are all considered part of a single service package, even when services are provided by different providers and in different programs, referred to as an episode of care. Thus, HUD allows a veteran to maintain his/her chronic status for the purpose of those in VA's homeless response system. If a veteran was identified as chronically homeless through the VA's initial intake and continues to be served under a single episode of care, HUD would recognize that veteran's chronically homeless status for eligibility into its HUD permanent housing programs.²⁶

Breaks in Homelessness

A single occasion of homelessness may total any number of days. HUD considers an occasion to be any period of homelessness where the household resided in a place not meant for human habitation, an emergency shelter, or a safe haven, where that period was demarcated by a break of at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

In general, when individuals and families gain permanent housing they are no longer considered homeless. Persons in HUD-funded transitional housing continue to meet the definition of literal homelessness but do not qualify as chronically homeless under the current definition and are therefore not eligible to enter any PSH project or program that is restricted to serving chronically homeless people. However, clients transferring from a permanent housing placement maintain eligibility to the CoC funded PSH portfolio--provided the program participant was eligible when they enrolled.²⁷

Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for RRH or PSH.²⁸ Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.

Clients who receive rapid re-housing assistance (RRH), including CoC- and ESG-funded rapid re-housing clients as well as those in the Supportive Services for Veterans Families (SSVF) program, maintain their homeless status, including chronic homelessness if applicable at entry, for the purpose of eligibility for PSH programs funded through the CoC program or HUD-VASH, provided that they meet other eligibility requirements for those programs. Clients maintain their homeless status during the time period in which they are receiving the rapid re-housing assistance.

In addition, clients receiving rapid re-housing assistance from HUD or VA who met the definition of chronically homeless upon entry into the project may also maintain their status as chronically homeless during the period in which they are receiving rapid re-housing assistance. Therefore, these individuals

²⁶ HUD FAQ #1837, February, 2015.

²⁷ CFR 42 11383(f)

²⁸ HUD Memo, "Guidance for Determining Eligibility for Permanent Supportive Housing for Persons Participating in Certain Department of Veteran's Affairs Programs." June 25, 2013.





and families remain eligible for PSH units that have been dedicated to serve chronically homeless people.

2. Disability Requirements

All permanent supportive housing (PSH) projects that receive CoC funding are limited to serving chronically homeless individuals or families in which the heads of household meet the HUD definition of disability.²⁹

The term “homeless individual with a disability,” Includes a person who is experiencing homelessness and has one or more of the following:

- 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.

OR

- 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.

OR

- HIV or AIDS and/or another disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.³⁰

Documentation

Person(s) must be licensed/credentialed to perform mental health assessments (or example: LCSW, MFCC, LPHA, etc.) and substance use assessments (for example: LCSW, LPHA, CAADAC, etc.). If an Access Point employs licensed/credentialed personnel to perform mental health and/or substance use assessments, these staff may complete **Form D**. If an Access Point does not have internal access to

²⁹ 24 CFR 582.5

³⁰ *Ibid.*





appropriately licenced/credentialed staff, HSH will contact a licensed/credentialed staff member to coordinate a time and place to perform an evaluation of the client.

3. Household Income

Although income is not a factor in determining eligibility for CoC programs, income at program entry must be calculated by all CoC programs because this is a required ONE System data element.³¹ Programs that charge rent also collect income information in order to calculate the client's rental portion.³²

Once HUD program eligibility is determined and applicants are offered participation in an HSH HUD-funded program, HSH eligibility workers will calculate client portion of rent for each client based on the household's income and expenses. HUD requires CoC PSH clients that receive rental assistance to contribute towards client contribution of rent the highest of:

- 30 percent of the household's monthly adjusted income;
- 10 percent of the household's monthly gross income; or
- The portion of the household's welfare assistance, if any, that is designated for the payment of rent.³³

If a client's share of rent is equal to or higher than the contract rent, the subsidy will equal \$0 until the household's income decreases. The program participant will not be removed from the CoC Program because of an increase in income.

Documentation³⁴

For each client who receives housing assistance where rent is paid by the tenant, HSH must keep the following documentation of gross annual income:

- Income evaluation form specified by HUD and completed by HSH;

AND

- Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the client and income received before the date of the evaluation.

OR

- To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by HSH intake staff of the oral verification by the relevant third party of the income the client received over the most recent period;

OR

³¹ [2017 HMIS Data Standards.](#)

³² [24 CFR 578.37\(a\)\(1\)\(ii\)\(B\)](#)

³³ 24 CFR § 578.77

³⁴ [24 USC 578.103\(a\)\(6\)](#)





- To the extent that source documents and third-party verification are unobtainable, the written certification by the client of the amount of income that the client is reasonably expected to receive over the 3-month period following the evaluation.

Please use **Forms E1-2** to calculate a household's annual income. Sources could include:

- Source documents (e.g., most recent wage statements, unemployment compensation statements, public benefits statements, bank statements, letter from employer) for the assets held by the clients and income received before the date of the evaluation;
- To the extent that source documents are unobtainable, written statements by relevant third parties (e.g., employer, government benefits administrator) or written certification by the recipients' or subrecipients' intake staff of the oral verification by the relevant third party of the client's income over the most recent period;
- To the extent that source documents and third-party verification are unobtainable, written certification by the clients of the amount of income that the clients receive, may be accepted ;
or
- Declaration of no income (**Form E2**).

4. Immigration Status

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 provides that undocumented immigrants may not receive public benefits. CoC Permanent Supportive Housing programs overseen by HSH must comply with this law by restricting undocumented immigrants' access to CoC-funded Permanent Supportive Housing.³⁵

There are several exceptions to PRWORA, however. **Lawful Permanent Residents** may receive public housing benefits, including PSH, under PRWORA. "**Qualified aliens**" also are exempted from PRWORA's citizenship requirements and may be eligible for PSH. A qualified alien is defined as, "an alien who, at the time the alien applies for, receives, or attempts to receive a Federal public benefit, is—

- an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [[8 U.S.C. 1101](#) et seq.],
- an alien who is granted asylum under section 208 of such Act [[8 U.S.C. 1158](#)],
- a refugee who is admitted to the United [States](#) under section 207 of such Act [[8 U.S.C. 1157](#)],
- an alien who is paroled into the United [States](#) under section 212(d)(5) of such Act [[8 U.S.C. 1182\(d\)\(5\)](#)] for a period of at least 1 year,
- an alien whose deportation is being withheld under section 243(h) of such Act [[8 U.S.C. 1253](#)] (as in effect immediately before the effective date of section 307 of division C of [Public Law 104-208](#)) or section 241(b)(3) of such Act [[8 U.S.C. 1231\(b\)\(3\)](#)] (as amended by section 305(a) of division C of [Public Law 104-208](#)),

³⁵ <https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>. Nonprofit charitable organizations are not required under PRWORA "to verify the immigration status of applicants" for benefits. However, if a government entity "performs verification for benefits provided through a nonprofit charitable organization," the exception does not apply. We understand this provision to mean that the nonprofit subrecipients of the San Francisco of Homelessness and Supportive Housing's CoC funds are bound by the government's obligation to ascertain documentation status for benefits, consistent with [8 U.S.C. § 1642](#). See also [62 Fed. Reg. 61344](#).





- an alien who is granted conditional entry pursuant to section 203(a)(7) of such Act [[8 U.S.C. 1153\(a\)\(7\)](#)] as in effect prior to April 1, 1980; [\[1\]](#) or
- an alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980); as well as
- “an alien who...has been battered or subjected to extreme cruelty in the United States by a spouse or a parent, or by a member of the spouse or parent’s family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, such battery or cruelty, but only if (in the opinion of the agency providing such benefits) there is a substantial connection between such battery or cruelty and the need for the benefits to be provided...”³⁶

Documentation

Access Point workers must collect the following forms of proof of immigration status:

- Proof of citizenship or legal resident status (i.e. US Birth Certificate, official printout from SSA, DD214³⁷, current permanent resident card, etc.);
- A valid social security number from the Social Security Administration:
 - If obtaining a social security card is not possible, HSH may accept official documents with the full social security number included (i.e. DD214, proof of income printout from an official source, SSA printout, etc.); and
- A valid form of US Government-issued photo ID (i.e. CA State ID, Out of State ID, US Passport, Permanent Resident Card, Work Visa, etc.):
 - In extreme circumstances where the client is a US citizen/legal resident, but is unable to get a Government ID, the project may accept alternative forms of ID (i.e. CHANGES printout, Jail ID, etc.)
 - The project may accept alternative forms of ID only when all other options to obtain a US Government Issued ID have been exhausted.

5. Other Considerations

Housing Quality Standards

In order to ensure that all households receiving HSH HUD funded housing assistance reside in safe, adequate housing, each unit must pass a [Housing Quality Standard Inspection](#) (HQS) before a new client moves in. HSH is responsible for the scheduling and completion of each HQS inspection. **Absolutely no funds will be made available on units that have not completed and passed the HQS inspection process and HSH is under contract with the landlord/property management/housing sponsor agency.**

³⁶ [8 U.S.C. § 1641](#)

³⁷For more information about verification and the veteran exemption, see Department of Justice, Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 62 Fed. Reg. 61344, 61345 (Nov. 17, 1997)





Any unit receiving HUD rental assistance must pass housing inspection before a client occupies the unit and rental assistance payments can be processed. Housing providers will contact HSH staff to schedule a unit inspection when a unit is posted as vacant in the ONE System.

Households completing their annual recertification and inspection process will be contacted directly by HSH staff to schedule an appointment for the annual inspection. Clients receiving HUD funds are under HSH contract to allow HSH inspectors into their units for annual inspections. Units that do not complete an annual inspection successfully are not eligible for ongoing rental assistance until HSH paperwork is complete.

In order to provide continuity and safety to households receiving HSH HUD-funded housing assistance, HSH asks providers to assist in ensuring that the HQS process can be completed. Clients and/or landlords/property management/a representative of the housing sponsor agency must be present to open the door for the HQS inspector. Clients that miss more than two (2) HQS inspection appointments will be in jeopardy of losing their subsidy.

HMIS Data Entry

All projects funded with CoC funds, except those that are specifically for survivors of domestic violence, must participate in the [ONE System](#).³⁸ Domestic violence providers are exempted and prohibited from entering data into HMIS, and must maintain a comparable database that collects similar information in order to provide aggregate data to HSA for reporting purposes.

All new project entries must be recorded in HMIS, ensuring that the date of entry corresponds correctly to the date that the client was found to be eligible and admitted to the program in question.

Steps:

- (6) Ensure there is a completed a Release of Information (ROI) for all adult members of the household before proceeding.
- (7) Search for the client in HMIS.
- (8) If the client has an HMIS record already, update the information that has changed based on the HMIS intake form and enter the client into the program.
- (9) If the client does not have an HMIS record, create a new record for the client, including all information on the HMIS intake form, and enter the client into the appropriate program.
- (10) If the client household consists of more than one person, be sure to join the members together through the creation of a household. For each member of the household, make sure to check first to see if there is already an HMIS record for that person before creating a new one.

For more information on how to do program entries in HMIS, please see the [ONE System Help and User Guide](#).³⁹

Other Federal and State Regulatory Requirements

³⁸ [24 CFR 578.57\(b\)](#)

³⁹ <https://onesf.clarityhs.help/hc/en-us>





As the grant administrator for HUD’s CoC grants, HSH is responsible for ensuring that all recipients of HUD program funds meet the eligibility criteria and program administration requirements as outlined in the CoC Interim Rule,⁴⁰ the Fiscal Year CoC Notice of Funding Available (NOFA)(s) under which the project is funded,⁴¹ applicable Notices,⁴² the grant agreement, and the applicable written standards of the CoC. These regulations require program enrollment compliance with the Fair Housing Act (including Equal Access and Family Separation),⁴³ the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity regulations (Equal Access Rule),⁴⁴ and the Americans with Disabilities Act (ADA) regulations;⁴⁵ as well as California State housing discrimination laws.⁴⁶ Programs may not refuse to enroll a client for reasons that are at odds with these laws.

HSH is responsible for ensuring that all HUD-required documentation has been successfully completed. HSH will ensure compliance to these rules by verifying the standards described in this document. It also will retain all unit/household records in accordance to the record keeping requirements in [24 CFR 578.103\(c\)](#) to ensure HUD compliance with the housing quality standards requirements.

⁴⁰ [24 CFR 578](#)

⁴¹ <https://www.hudexchange.info/resource/3115/coc-competition-notices/>

⁴² <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/#notices>

⁴³ [42 U.S.C. §§ 3601-19](#)

⁴⁴ [24 C.F.R. §§ 5.105-06](#)

⁴⁵ [42 U.S.C. §§ 12131 – 12165](#)

⁴⁶ [Cal. Gov. Code § 12955 - 12957](#)





APPENDIX: HOMELESS / CHRONICALLY HOMELESS CHECKLIST

Section 1: DOCUMENTATION OF HOMELESSNESS		
Note: Written third-party documentation is always preferred to certify homelessness.		
Category 1 Homeless		
Applicable	In File?	Required Documentation
YES NO	<input type="checkbox"/>	<p>A. PLACE NOT MEANT FOR HUMAN HABITATION</p> <p>Staff Confirmation (Form A)</p> <p>AND</p> <p>Written Third-Party (one or more of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ONE System record of homeless street outreach contacts <input type="checkbox"/> Signed certification on letterhead from a homeless street outreach provider (Form B1) <p>OR</p> <p>Intake Conversation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation <i>including</i> Staff Supplement describing attempts to secure third party verification (Form B2)
YES NO	<input type="checkbox"/>	<p>B. EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS</p> <p>Staff Confirmation (Form A)</p> <p>AND</p> <p>Written Third-Party (one or more of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ONE System record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program <input type="checkbox"/> Signed certification on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay (Form B1) <p>OR</p> <p>Intake Conversation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation <i>including</i> Staff Supplement describing attempts to secure third party verification (Form B2)





Applicable	In File?	Required Documentation
<p>YES</p> <p>NO</p>	<p><input type="checkbox"/></p>	<p>C. HOSPITAL OR OTHER INSTITUTION if client's stay was 90 days or fewer <u>and</u> client was in emergency shelter or place not meant for human habitation prior to admission</p> <p>Staff Confirmation (Form A)</p> <p>AND</p> <p>Documentation of institutional stay:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written Third-Party (one or more of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork with admission and discharge dates <input type="checkbox"/> Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates (Form B1) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intake Conversation: <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form B2) <u>including</u> Staff Supplement describing attempts to secure third-party verification <p>AND</p> <p>Documentation of client's homeless status immediately prior to institutional stay:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written Third-Party (one or more of the following): <ul style="list-style-type: none"> <input type="checkbox"/> ONE System record of shelter stay or homeless street outreach <input type="checkbox"/> Signed certification on letterhead from emergency shelter or homeless street outreach provider (Form B1) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intake Conversation: <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation (Form B2) <u>including</u> Staff Supplement describing attempts to secure third party verification.





Applicable	In File?	Required Documentation
<p>YES</p> <p>NO</p>	<p><input type="checkbox"/></p>	<p>D. TRANSITIONAL HOUSING if graduating from or timing out of TH <i>and either</i> in emergency shelter or place not meant for human habitation prior to admission <i>or</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence.</p> <p>Staff Confirmation (Form A)</p> <p>AND</p> <p>Written Third-Party (one or more of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ONE System records of transitional housing stay and entry from shelter or place not meant for human habitation <input type="checkbox"/> Signed certification on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission (Form B1) <p>OR</p> <p>Intake Conversation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form B2) <i>including</i> Staff Supplement describing attempts to secure third party verification

Category 2 Homeless		
Applicable	In File?	Required Documentation
<p>YES</p> <p>NO</p>	<p><input type="checkbox"/></p>	<p>AN INDIVIDUAL OR FAMILY WHO WILL IMMINENTLY LOSE THEIR PRIMARY NIGHTTIME RESIDENCE (<i>For ESG RRH only</i>)</p> <p>Staff Confirmation (Form A)</p> <p>AND</p> <p>Written Third-Party (one or more of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> ONE System record of homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider (Form B1) <input type="checkbox"/> Homelessness Certification (Form B1) from a homeless street outreach provider <p>OR</p> <p>Written Second-Party:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation <i>including</i> Staff Supplement describing attempts to secure third party verification (Form B2)





Category 4 Homeless		
Applicable	In File?	Required Documentation
YES NO	<input type="checkbox"/>	<p>FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE</p> <p>The following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written observation by intake worker verifying the condition (Form B2) <p>AND, FOR NON-VICTIM SERVICE PROVIDERS</p> <p><i>If safety would not be jeopardized, written third- and/or second-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Signed letter on letterhead from by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition (Form B1)

Section 2: DOCUMENTATION OF CHRONIC HOMELESSNESS

If an individual or household is being considered for services based on chronic homelessness status, the documentation described below must be collected *in addition to* the documentation listed above.

Part 1: Current Housing Status and Long-Term Homelessness

The individual or HoH is:

- Currently homeless (**Form A**)

AND

- Has been living in a place not meant for human habitation, a safe haven, or an emergency shelter (check one):
 - Continuously for at least 12 months (**Forms B1-2 and Form C**)
 - On at least 4 occasions in the last 3 years, where the combined occasions equal to at least 12 months, with each break in homelessness separating the occasions includes at least 7 nights of not living as described above. (**Forms B1-2 and Form C**)

OR

For individuals or HoHs currently residing in institutional care facilities:

- Current stay in institution is 90 days or less (**Forms B1-2 and Form C**);

AND

- Prior to before entering the facility, applicant was staying in place not meant for for human habitation, safe haven, or emergency shelter immediately (check one):
 - Continuously for at least 12 months (**Forms B1-2 and Form C**)
 - On at least 4 occasions in the last 3 years, where the combined occasions equal to at least 12 months, with each break in homelessness separating the occasions includes at least 7 nights of not living as described above. (**Forms B1-2 and Form C**).





Part 2: Disability Status

Has the individual or HoH been diagnosed with a disability that (1) is expected to be of long-continued and indefinite duration; (2) substantially impedes the person’s ability to live independently; and (3) could be improved by a more suitable and stable housing condition?

If YES, please provide one of the following:

- Written verification of the disability from a professional licensed to diagnose and treat the disability documented (MD, LCSW, MFCC, LPHA, etc.) (**Form C**);
- Written verification from the Social Security Administration;
- The receipt of a federal disability check; or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance (**Form C**), and supporting evidence:
 - Service utilization records demonstrating serious mental illness and/or chronic substance use (e.g. records of repeated contacts with law enforcement, emergency services, and/or crisis response providers where records include references to mental illness (especially symptoms of psychosis, suicidality, or violence) and/or substance use

If NO: STOP (household is not Chronically Homeless)

Section 3: VERIFICATION OF INCOME

In File?	Required Documentation
<input type="checkbox"/>	<p>Source(s) of Income - Form D1 (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> S.S.I. / S.S.D.I <input type="checkbox"/> General Assistance <input type="checkbox"/> Family Support (parent, adult children, etc.) <input type="checkbox"/> Interest from savings account <input type="checkbox"/> V.A. pension <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Disability benefits <input type="checkbox"/> Spousal support <input type="checkbox"/> Child support <input type="checkbox"/> Income from assets <input type="checkbox"/> School Grants <input type="checkbox"/> Self-employment <input type="checkbox"/> Any other interest received <p>OR</p> <p>No income</p> <ul style="list-style-type: none"> <input type="checkbox"/> Declaration of No Income (Form D2)





Section 4: U.S. CITIZENSHIP STATUS	
In File?	Required Documentation
<input type="checkbox"/>	Documentation of U.S. citizenship status (check all that apply): <ul style="list-style-type: none"><input type="checkbox"/> U.S. passport<input type="checkbox"/> Birth certificate<input type="checkbox"/> Social security card





APPENDIX: VIOLENCE AGAINST WOMEN ACT (VAWA)

The [Violence Against Women Act](#) (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.⁴⁷ HUD is the Federal agency that oversees that HSH is in compliance with VAWA.

VAWA helps to ensure that all individuals and households in HUD-funded housing have access to a safe home without the fear of violence and to reduce the risk of homelessness among survivors. Under the HUD VAWA rule, victims of violence may request alternative housing placement to ensure safety as well as receive protections from application denial solely based on the criminal activity directly related to a current or past history of domestic violence, dating violence, sexual assault or stalking. These protections are provided to HSH HUD funded housing applicants regardless of sex, gender identity or sexual orientation.

HSH staff will assist applicants and provider agencies to ensure all applicants in need of VAWA protections remain safe through their application and lease up process. Please see **Form A**.

Records of Reasonable Belief of Imminent Threat of Harm. HSH will keep confidential requests for VAWA protections by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their households. All documentation, including location of the family, will be securely held in a confidential location with limited access by HSH approved staff. HSH will not enter any information into any shared database, such as the ONE system, or disclose any applicant information to any other entity or individual, unless:

- The applicant has provided written permission for HSH to release information on a limited basis;
- HSH needs to use the information to remove an abuser from a HUD funded housing application; and/or
- A law or court order requires HSH to release the information.

⁴⁷ HSH does not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HSH HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.





APPENDIX: TRACKING CHRONIC HOMELESSNESS

	Month # 1 (Current Month)	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6
Mo./Yr.						
Location <i>(Check all that apply)</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type <i>(Check one)</i>	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.
Doc. attached?	<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





	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12
Mo./Yr.						
Location (Check all that apply)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type (Check one)	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.	<input type="checkbox"/> ONE System / Comp. Database <input type="checkbox"/> Third-Party Cert. <input type="checkbox"/> Intake Convo. Cert. <input type="checkbox"/> Self-Cert.
Doc. attached?	<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: Break 4: If there are additional breaks please detail and attach.					
Key	<i>Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description</i>					

Note. Third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. Self-declaration at intake is only permitted when staff have attempted to but cannot obtain third-party verification, or else when the client(s) is/are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

100 percent of households served can use self-certification for three months of their 12 months. Seventy-five percent of households served need to use third party documentation for nine months of their 12 months. Twenty-five percent of households served can use self-certification as documentation for any/all months.

