



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Verifying Eligibility for the Continuum of Care Program

CoC Subrecipient Convening | October 4, 2019



Before a client gets to you...

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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

<http://hsh.sfgov.org>



Eligibility → RRH versus PSH

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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

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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



Documenting Homelessness

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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



PSH: Chronic Homelessness

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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



PSH: Chronic Homelessness

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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 be 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



PSH: Chronic Homelessness

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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

| | Month # 1 (Current Month) | Month # 2 | Month # 3 | Month # 4 | Month # 5 | Month # 6 | |
|------------------------------------|---|---|---|---|---|---|---|
| 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) | <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. | <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) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) |
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| 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 | Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description | | | | | | |



PSH: Chronic Homelessness

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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



PSH: Disability

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- 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.



PSH: Disability

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- 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.



PSH: Disability

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



PSH: Disability

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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

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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>