

PH Participant Eligibility Worksheet

Project Name _____

Participant Name _____ Date of Intake _____

Homeless Status	Type of Documentation	Documentation Attached
Persons living on the street or other place not meant for human habitation.	1. A signed and dated, written verification from a third party on where the person resided immediately prior to receiving services OR 2. A written statement signed and dated by the participant regarding their previous living situation	
Persons coming from an emergency shelter	1. A signed and dated, written verification from the shelter that the participant was residing at the emergency shelter	
Persons coming from transitional housing for homeless persons	1. A signed and dated, written verification that the participant was a resident of the transitional housing program AND 2. a copy of the program's original documentation upon entering the transitional housing program, of homeless status (ie was on streets, in emergency shelter.) Note: if the original homeless certification is not available a new self certification on the homeless status <i>prior</i> to the transitional housing must be obtained.	

Chronic Homeless Worksheet

Definition: an unaccompanied individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has been either

1. homeless continuously for more than a year OR
2. has had four or more episodes of homelessness in that past three (3) years

Is the person/family sleeping in 1. a place not meant for human habitation, or an emergency shelter OR 2. transitional housing where they came from the streets or an ES at the time of entrance into TH	Yes: continue	No : not chronically homeless	Documentation of homelessness
Does the individual or at least one adult member of the family have a disabling condition?	Yes: obtain documentation	No : not chronically homeless	Documentation of disability by qualified person
Has the person been homeless continuously for more than 1 year? OR been homeless four or more times in the past three (3) years?	Yes: obtain documentation	No : not chronically homeless	Third party documentation or self-certification

Does this person/family meet the definition of Chronically Homeless?

Yes _____ No _____
PH Eligibility Checklist

_____ **Homeless documentation: Where did the participant stay the night before entry into the program?**

- **Street,**
- **Emergency shelter**
- **Transitional housing from street or Emergency shelter**

_____ **Disability documentation**

- **Verification if SSI, SSDI receipt?**
- **Statement signed by a certified professional (Physician, psychiatrist, MSW, certified Substance abuse counselor) which indicates ALL of the following:**
 1. **Type of disability (physical, mental, developmental, substance abuse, HIV/AIDS)**
 2. **Is of long continued and infinite duration**
 3. **substantially impedes the person's ability to live independently**
 4. **could be improved by more suitable housing**