

TH 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	<ol style="list-style-type: none"> 1. A signed and dated, written verification from a third party on where the person resided immediately prior to receiving services <p>OR</p> <ol style="list-style-type: none"> 2. A written statement signed and dated by the participant regarding their previous living situation 	
Persons coming from an emergency shelter	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. A signed and dated, written verification that the participant was a resident of the transitional housing program <p>AND</p> <ol style="list-style-type: none"> 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, evicted etc.) 3. Documentation of why the person is leaving the TH program. 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. 	
Persons evicted from a private dwelling	<ol style="list-style-type: none"> 1. Documentation of income <p>And</p> <ol style="list-style-type: none"> 2. documentation of efforts to obtain housing <p>And</p> <ol style="list-style-type: none"> 3. reason why the person would be on street or in shelter if assistance is not provided <p>And (one 4,5 or 6 below)</p> <ol style="list-style-type: none"> 4. formal eviction proceeding documents <p>OR</p> <ol style="list-style-type: none"> 5. A signed and dated, written statement from the family member doing the evicting <p>OR</p> <p>A signed and dated, written self certification and description of eviction due to circumstances beyond their control</p>	
Persons from a short term stay (up to 90 days) in an institution <i>and</i> who were homeless prior to the stay in the institution	<ol style="list-style-type: none"> 1. A signed and dated, written verification that the participant was in the institution less than 91 days <p>AND (one of 2 or 3 below)</p> <ol style="list-style-type: none"> 2. A signed and dated, written verification from the institution on the homeless status prior to residing in the institution <p>OR</p> <ol style="list-style-type: none"> 3. a signed and dated self certification of homelessness 	

Homeless Status	Type of Documentation	Documentation Attached
Persons being discharged from a longer stay in and institution (91 days or longer)	<ol style="list-style-type: none"> 1. Signed and dated, written verification from the institution that the participant was being discharged within <i>the week before</i> receiving homeless assistance <i>AND</i> 2. documentation of income <i>AND</i> 3. documentation of efforts to obtain housing <i>AND</i> 4. reason why the person would be on street or in shelter if assistance is not provided 	
Persons fleeing Domestic Violence	<ol style="list-style-type: none"> 1. A signed and dated, written verification form the participant that he/she is fleeing a domestic violence situation 	

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

<p>Is the person/family sleeping in</p> <ol style="list-style-type: none"> 1. a place not meant for human habitation, or an emergency shelter <p>OR</p> <ol style="list-style-type: none"> 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 meet the definition of Chronically Homeless?

Yes No