

HOMELESS VERIFICATION FORM FOR PERMANENT HOUSING PROGRAMS

For use with Miami-Dade County's Continuum of Care (CoC) & Emergency Solutions Grant (ESG) funded Rapid Re-housing (RRH) and Permanent Supportive Housing (PSH) Programs. It is the RRH and PSH providers responsibility to maintain a record that verifies homelessness at time of intake. For PSH programs, providers must maintain evidence of disability for a household member. For PSH programs with a Chronic Homeless preference, providers must maintain evidence of chronic homelessness OR proof that no chronically homeless person could avail themselves of the subsidy at the time of the referral. The Homeless Trust Housing Coordinator will complete this form after verifying the HMIS record. He will include a copy of the By Name List when a non-chronic referral is made to PSH showing we didn't have a chronically homeless person at the time of the referral. This verification must align with evidence the Homeless Trust Housing Coordinator initiated a referral in HMIS. The preference is for RRH and PSH providers to maintain evidence of disability and self-certification or third-party homeless verification as an attachment in the HMIS file.

Name of Individual: _____
(First, MI, Last)

D.O.B. _____
(mm/dd/yyyy)

According to HMIS, at time of referral the person was living in

- Place not meant for human habitation OR
- An Emergency Shelter or Safe Haven OR
- A Transitional Housing program (not suitable for Chronic Homelessness) OR
- Discharged from an institution in which the person has been a resident for ≤90 days and who resided in an Emergency Shelter/Safe Haven/Transitional Housing program/place not meant for human habitation immediately before entering that institution (not suitable for Chronic Homelessness)
- Youth with self-certification of housing instability
- Person fleeing Human Trafficking, Domestic Violence, Dating Violence, Sexual Assault and Stalking
- Household being referred from a Rapid Re-Housing (RRH) program as part of Move On/Up

Chronic Homeless Confirmation for PSH programs

I am certifying that the HMIS record demonstrates that the head of household has been homeless for ____ months during the past three years (for Move On/Up the homeless record includes the three years before the household moved into RRH)

OR

I am certifying that no household meeting the chronic homeless definition is available for referral

AND

I am certifying that the HMIS record demonstrates that the head of household is being referred from a place not meant for human habitation, ES or SH

This Certification form is signed by the Homeless Trust Housing Coordinator and is accompanied by an HMIS referral from the Homeless Trust Coordinated Entry project.

Additional Documentation Requirement for the PSH providers (must be in the client file within 45 days of move-in date) –

Proof of Disability: Certification form signed by a Qualified Health Professional (Physician, Psychologist, Clinical Social Worker, or Addictions Counselor) verifying disabling condition OR Social Security Disability Award Letter OR Federal Disability Check, including Veteran disability.

Document that the tenant is coming from a place not meant for human habitation, ES or SH at intake. Documentation may include a printout from HMIS showing the tenant was part of SO, ES or SH at intake - OR

Non-HMIS participating provider written verification of homelessness (i.e. DV Provider, police contacts, healthcare records...) - OR Self-certification or intake worker's observation that tenant was residing in a place not meant for human habitation (self-certification of homelessness cannot exceed 25% of the record of homelessness for all persons served by any one project).

Document 12 months of homelessness when the HMIS record demonstrates less than 12 months in the past three years. The PSH provider must obtain non-HMIS participating provider written verification of homelessness (i.e. DV Provider, police contacts, hospital records...) - OR

Self-certification or intake worker's observation that tenant was residing in a place not meant for human habitation (written verification of homelessness cannot exceed 25% of the persons served by any one project).

By signing below I certify that the above information is true and correct:

Signature: _____

Printed Name: _____

Agency: Miami Dade County Homeless Trust

Date: _____