

SUBJECT: Miami Dade CoC Homeless Trust Orders of Priority For Referrals**EFFECTIVE DATE: 06/13/2016****REVISED DATE: 4/19/17, 6/28/18, 7/11/19, 8/21/20, 3/12/21, 7/30/21, 5/19/21, 7/26/24, 3/6/2025**

PURPOSE: The purpose of this policy is to define the order in which eligible households should be served by the Continuum of Care (CoC) in CoC, Emergency Solutions Grant (ESG), State Housing Initiatives Partnership Program (SHIP) and Food and Beverage (F&B)-funded: Homeless Prevention (HP), Emergency Shelter (ES), Transitional Housing (TH), including Joint Component Projects (TH:RRH), and Permanent Housing (PH) including Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Other Permanent Housing (OPH) with homeless or special needs preferences. These Orders of Priority (OoP) ensure that people experiencing homelessness, who are least likely to self-resolve their housing crisis, are prioritized for resources. They also provide uniform recordkeeping requirements for all recipients of CoC and ESG funded programs.

SCOPE: Miami-Dade County Homeless CoC, ESG, SHIP, F&B and OPH programs utilizing a rental assistance in partnership with Miami-Dade Public Housing and Community Development (PHCD), Hialeah Housing Authority (HHA), Homestead Housing Authority (HHA), the Housing Authority of the City of Miami Beach (HACMB), and when applicable, the City of Miami and Carrfour Supportive Housing, which administer Mainstream Vouchers.

PROCEDURES:

All F&B, CoC and ESG funded projects must offer low barrier access to entry. Low barrier housing practices connects individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

low Barrier Housing Components

The components of Low barrier housing include 1) *Few to no programmatic prerequisites to permanent housing entry* means no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program; 2) *Low barrier admission policies* means PSH screening does not exclude persons with no or very low income, poor rental history and past evictions, or criminal histories; 3) *Rapid and streamlined entry into housing* means low barrier PSH models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times; 4) *Supportive services are voluntary*, but supportive services can and should be used to persistently engage tenants to ensure housing stability; 5)

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Tenants have full rights, responsibilities, and legal protections meaning tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities; 6) *Practices and policies to prevent lease violations and evictions* suggests Low barrier housing PH should incorporate practices and policies that prevent lease violations and evictions among tenants [i.e. not evicting tenants as result of alcohol or drug use, unless such use results in disturbances to neighbors or is associated with illegal activity]; 7) *Applicable in a variety of housing models* means the low barrier housing approach can be implemented in different types of PSH settings, including: scattered- site models, single-site models or buildings that are newly constructed or rehabilitated, and set-asides where supportive services are offered to participants in designated units within affordable housing developments.

As part of the Special NOFO award the Homeless Trust received HUD technical assistance on encampment decommissioning. The TA expanded to include sharing data with the public hospital who also serves as the jail health services and public crisis unit to identify people experiencing homelessness. As part of this TA the CoC established that 25% of all referrals into Permanent Housing would be dedicated to encampment decommissioning and people

Persons experiencing homelessness should be screened for veteran status. Veterans should be prioritized for VA supported programs such as Grant and Per Diem (GPD), Supportive Services for Veterans Families (SSVF) and Veteran Affairs Supportive Housing (VASH).

I. HOMELESS PREVENTION

Homeless Prevention (HP) resources are designed to assist people who meet the following conditions:

- (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- (B) Is living in the home of another because of economic hardship;
- (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

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(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
prioritize persons most likely to enter homelessness without assistance.

The following local prioritization factors have been adopted by the Continuum of Care and built into the Homeless Management Information System (HMIS) assessment used by HP providers to ensure assistance is provided to those most likely to become homeless without assistance.

- A. Persons with a history of homelessness in their lifetime
- B. Persons who are not lease holders who are temporarily living with friends or family because they cannot afford rent on their own
- C. Persons who are at risk of losing subsidized housing without assistance
- D. Persons who have been evicted in the past five years
- E. Persons who have been incarcerated in their lifetime
- F. Persons with a disability or a person caring for someone with a disability
- G. Persons who are pregnant
- H. Single parents with minor child(ren)

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- I. Families with a minor child who requires significant care
 - J. Households of 5 or more people
 - K. Household includes one or more persons from disadvantaged group

The Supportive Services for Veterans Families (SSVF) resources, which are time limited rental assistance programs with supportive services designed to help veterans and their families prevent and quickly exit homelessness.

Persons at risk of homelessness should also be screened for eligibility for HP assistance made available through HOME, ESG, Community Development Block Grant (CDBG) Entitlement Jurisdictions, SHIP jurisdictions or other rental assistance programs established by local jurisdictions or other providers not participating in the CoC Coordinated Entry System (CES).

II. EMERGENCY SHELTER

Emergency Shelter (ES) also known as crisis housing provides temporary accommodations designed to connect people experiencing homelessness with stable housing, social and/or financial resources, and support services.

- A. All families with dependent children in the household receive priority access to emergency shelter or motel vouchers when shelter is not available.
- B. A shelter waiting list is created using geographic information system (GIS) software, persons can sign up on their own or call the helpline to be enrolled. Upon verification of homelessness, persons will be served based on the order in which they enrolled and the availability of beds, some of which may be dedicated to special populations experiencing homelessness including seniors 65 and over, youth 18-24, and families with minor children.
- C. Persons with severe service needs may be prioritized for immediate access to ES or other appropriate crisis services. Persons with severe service needs include those with:
 - 1. Severe and untreated mental illness
 - 2. Severe and untreated chronic physical health issues
 - 3. Developmental disabilities, cognitive delays, or traumatic brain injuries

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4. Elderly (65 or older) and unaccompanied youth/young adults (24 and younger) who are especially vulnerable to victimization and harm if their homelessness is not resolved quickly
 5. Persons fleeing domestic violence, dating violence, sexual assault and human trafficking should be assessed by Miami-Dade Community Action and Human Services Department
 6. Veterans should be assessed by Veterans Affairs (VA) Healthcare for Homeless Veterans (HCHV) Program

iii. JOINT COMPONENT TRANSITIONAL HOUSING: RAPID RE-HOUSING

CoC funded TH is limited to joint component TH:RRH projects which are serving unsheltered persons or unaccompanied youth, and governed by these OoP.

- A. TH:RRH serving unsheltered persons may place someone referred by the CoC Housing Coordinator or their designee in TH or directly into the RRH component based on the client's choice. TH:RRH priority for referral awarded through the Special NOFO:
 - a. **Tier 1:** An unsheltered person aged 65 years or older and/or an unsheltered person with medical vulnerabilities. Homeless households who meet both criteria (65+ and medical vulnerability) will be prioritized over people who meet only one.
 - b. **Tier 2:** Unsheltered persons who are not prioritized for PSH and who are working, have job skills and are searching for work, persons who agree to enter work readiness programs or persons whose income (including retirement, disability, pension, etc.) can support market rent. We encourage providers to help clients obtain income that is at least 150% of the Fair Market Rent during their participation in the TH:RRH program through supportive employment or other mainstream resources. Providers can complete the CoC RRH Assessment of Need in HMIS to refer their clients to the prioritization list and staff their cases during weekly case staffing meetings led by the CoC Housing Coordinator.
 - c. **Tier 3:** Unsheltered households who meet any of the following criteria will be prioritized

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based on the total number of criteria the household meets:

- i. Household has a total length of time homeless in the past three years exceeding 12 months.
- ii. Individual or any member of a household has high crisis system utilization (justice system, foster care, child welfare, emergency department, etc.)
- iii. Household has a VI-SPDAT score for prioritization of 4 or greater.
- iv. Individual or household fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation.

B. TH:RRH DEDICATED FOR UNACCOMPANIED YOUTH. Unaccompanied Youth (24 and younger) can be referred to CoC TH or directly to RRH by the Youth CES lead or the CoC Housing Coordinator. Priority for referrals are as follows:

- 1. Youth exiting foster care who are not able to transition into independent living with Public Child Welfare Agency (PCWA) resources
- 2. Youth experiencing homelessness with chronic physical; behavioral health issues; developmental disabilities, cognitive delays, or traumatic brain injuries
- 3. Youth who are literally homeless
- 4. Youth, whose lived experiences and history indicate that they are especially vulnerable to victimization and harm if their homelessness is not resolved quickly

IV. RAPID RE-HOUSING

All referrals to CoC, ESG, SHIP and F&B funded Rapid Rehousing (RRH) are subject to referrals from the Homeless Trust Housing Coordinator.

- A. People whose HMIS Rapid Re-Housing Assessment of Need suggests referral to RRH.
- B. Bridge Housing for people waiting on other Permanent Housing options which include:
 - 1. People experiencing chronic homelessness and VI-SPDAT score greater than 8 OR F-VI-SPDAT score greater than 7 for families, with a preference for people experiencing unsheltered homelessness.

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C. Special needs populations such as:

- 1. People fleeing DV or human trafficking
- 2. Unaccompanied youth/young adults ages 18-24

v. Permanent Housing Order of Priority

1. **First Priority:** Formerly homeless households experiencing homelessness who are currently in PSH which is reallocated or rejected through the annual US HUD Continuum of Care Program Competition or housed in a US HUD funded program which is overspending or projected to overspend available grant funding, and no alternative Permanent Housing program is available or appropriate. Clients should first be assessed for Move-Up eligibility, interest and availability.

2. **Second Priority:** Households who require intensive ongoing supportive services and/or case management, not simply non-time limited financial assistance. Households experiencing homelessness who meet any of the following criteria will be prioritized based on the total number of criteria the household meets, and will be prioritized as follows:

- (1) Household is coming from a place not meant for human habitation
 - (2) Total length of time homeless in the past three years exceeding 12 months
 - (3) Household is experiencing homelessness and is part of a special focus population such as youth and young adult age 18-24, family with minor children, veteran(s), chronic homeless and/or senior age 65 or older.
 - (4) Individual or any member of a household has high crisis system utilization (justice system, foster care, child welfare, emergency department, etc.)
 - (5) Individual or household fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, or otherwise experiencing, or at risk of exploitation
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PERMANENT SUPPORTIVE HOUSING

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All referrals to Permanent Supportive Housing (PSH) are subject to referral from the Homeless Trust Housing Coordinator. HMIS tools utilized include the Universal Data Elements (UDE's) found in the Entry/Exit assessment, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), Housing Needs Assessment and Housing Milestone Assessment.

DEDICATED and DEDICATEDPLUS CoC PSH

In addition to the orders of priority outlined in section v, all PSH vacancies must be filled with individuals and families who meet the DedicatedPLUS definition, which includes chronically homeless as defined in 24 CFR 578.3. DedicatedPLUS PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

All CoC funded PSH beds made available through attrition must prioritize households meeting the HUD DedicatedPLUS criteria unless there are no persons within the CoC that meet the criteria.

DedicatedPLUS Project

A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are: (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; (5) residing and has resided in a place not meant for human habitation, safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Chronically Homeless

A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless

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Assistance Act (substance use disorder, serious mental illness, developmental disability [as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)], post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12- month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) 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 met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family 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 in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

If no persons within the CoC meet the DedicatedPLUS criteria, the Housing Coordinator will make alternative referrals based on the PSH Orders of Priority.

A bed not filled by a DedicatedPLUS household will continue to be a DedicatedPLUS bed so that if and when the bed becomes vacant again, it must continue to adhere to PSH Orders of Priority.

Chronic Dedicated Project

Indicates the project funded with US HUD CoC dollars and is only prioritizing persons experiencing chronic homelessness as defined in 24 CFR 578.3.

ORDER OF PRIORITY FOR COC FUNDED PSH AWARDED IN THE SPECIAL NOFO

In addition to the orders of priority outlined in section v, CoC Special NOFO (S-NOFO) funded PSH is dedicated to households experiencing unsheltered homelessness who meet the dedicated plus homeless definition, who

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require intensive ongoing supportive services and/or case management, not simply non-time limited financial assistance.

Non-chronic referrals will only occur when there are no other eligible referrals meeting the chronic homeless criteria. Non-chronic referrals will be made following the above preference to ensure that people with severe service needs are housed first.

ORDER OF PRIORITY FOR PROJECT BASED VOUCHERS (PBV), MAINSTREAM WITH SUPPORT SERVICES AND STABILITY VOUCHERS (SV)

AWARDED IN THE SPECIAL NOFO. In addition to the orders of priority outlined in section v, priority for Other PH (Special NOFO) will target persons coming from unsheltered situations. Through the S-NOFO we targeted specific geographies for encampment decommissioning and sharing data with the public hospital to serve high system utilizers. The goal is to provide quick access to housing and minimize the need for crisis housing. In order to accomplish these goals, we will be utilizing tools such as adopting waivers, pre-inspecting units and connecting persons identified to the unit inventory maintained in PAdmission. Dedicated PBV and Stability Vouchers sought in the Special NOFO will offer intensive ongoing supportive services (i.e. case management, housing navigation...). Mainstream set-asides must serve disabled households between the ages of 18-64.

ORDER OF PRIORITY FOR PSH PROVIDED THROUGH SECTION 8 HOUSING CHOICE VOUCHERS COMBINED WITH COC FUNDED SUPPORTIVE SERVICES

There are no additional requirements to the orders of priority outlined in section v for Housing Choice Vouchers combined with CoC funded supportive services.

ORDER OF PRIORITY FOR JOINTLY FUNDED HOME-ARP PSH PROJECTS WITH SECTION 8 HOUSING CHOICE VOUCHERS OR PROJECT BASED VOUCHERS (PBV) COMBINED WITH COC FUNDED SUPPORTIVE SERVICES

In addition to the orders of priority outlined in section v, Project Based Section 8 vouchers with CoC funded supportive services that also include HOME ARP funding from any Participating Jurisdiction (Miami-Dade, Miami, Hialeah, Miami Beach) will allow for other Qualifying Populations (QP's) to include those who are at-

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risk of homelessness (see HUD's CPD Notice 21-10 § IV.A. Qualifying Populations).

However, the PSH project will give a preference to households meeting orders of priority outlined in section v.

If the project is unable to identify a sufficient number of homeless individuals or households/families who qualify for the project as outlined in the orders of priority outlined in section v, the other Qualifying Populations listed below will receive equal access to the units in the order in which they applied:

QP2 households at risk of homelessness will be considered for referral, or

QP4 Other Families Requiring Services or Housing Assistance to Prevent Homelessness or at Greatest, or people at risk of Housing Instability

vi. ORDER OF PRIORITY FOR OTHER PERMANENT HOUSING INCLUDING PUBLIC HOUSING, HCV, AND MAINSTREAM SET-ASIDES WITHOUT SUPPORTIVE SERVICES

The Homeless Trust partnered with PHCD to implement a Public Housing homeless preference. The overarching goal of homeless preference is to identify and refer families and individuals who are homeless and do not require wrap around support services OR households who are ready to transition from PSH into public housing who continue to need a rental subsidy but do not require supportive services.

A. ORDER OF PRIORITY FOR MOVE-UP STRATEGY (MUS)

1. **First Priority:** Eligible tenants in CoC Program funded PSH programs reallocated or rejected through the US HUD Development (HUD) Continuum of Care Program Competition or tenants in a US HUD funded program which is overspending or projected to overspend available grant funding.
2. **Second Priority:** Eligible tenants in PSH programs with 18 months of housing stability.
3. **Third Priority:** Persons experiencing homelessness that need a rental subsidy but do not require supportive services.

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Additional priorities and limitations for Public Housing set-asides may be set by PHCD or imposed by US HUD.

HOUSING COORDINATOR CONSIDERATIONS

1. The Housing Coordinator will follow the Orders of Priority as outlined while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness and has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness, may accept chronic homeless referrals to the extent in which persons with serious mental illness meet the criteria. The Homeless Trust promotes PSH providers to amend their scope of services whenever possible to serve all disability types in an effort to reduce barriers to program entry.
2. The Housing Coordinator will follow the Orders of Priority as outlined while also considering the PSH provider's ability to pay for toiletries, utilities, and furniture when referring households with no income to PSH. Households without income will be matched to providers that have the resources to pay for utilities, basic toiletries, and furniture.
3. Homeless Outreach teams, Access Points and Emergency Shelters and other providers participating in HMIS must exercise due diligence when conducting HMIS and VI-SPDAT assessments to ensure that persons are served in the Orders of Priority outlined in this policy. The Homeless Trust recognizes that some persons, particularly those who are chronically homeless and living on the streets or in places not meant for human habitation, might require significant engagement and contacts prior to them entering housing. PSH projects are not required to keep units vacant where there are persons who meet a higher priority within the CoC but have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons regularly pursuant to the SO Standards of Care.

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vii. USING COORDINATED ASSESSMENT AND STANDARDIZED ASSESSMENT TOOL FOR DETERMINING ELIGIBILITY AND ESTABLISHING A PRIORITIZED WAITING LIST

a. COORDINATED ASSESSMENT REQUIREMENT

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of ESG program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The *Miami- Dade County Continuum of Care Coordinated Entry Process Policies and Procedures* describes the coordinated entry system for Miami-Dade CoC Program funded PSH and RRH provisioned within the CoC. Providers must use HMIS and complete standard assessments in HMIS such as the HMIS UDE's, the CoC Coordinated Entry and Local Questions Assessment, Homeless Prevention Assessment, and vulnerability tools. They must accept or deny referrals HMIS. Clients who are accepted by the project must have an accompanying program entry inputted by the receiving non-profit service provider. Move-in dates, which are separate from program entry date, are also recorded in HMIS by the receiving provider and should reflect the date when a client moves into PH. Where applicable, a copy of the PH Denial Letter must be sent to the household and the Homeless Trust Housing Coordinator when a client is not accepted to a project.

b. WRITTEN STANDARDS

To view the CoC Standards of Care, CES policy and other CoC policies and procedures, visit <https://www.homelesstrust.org/homeless-trust/providers/home.page>.

- Helpline
- Street Outreach
- Coordinated Entry
- Grievance Standards for SSO & PH
- Grievance Standards for ES, SH, TH
- Homeless Management Information System Data Quality Standards
- Emergency Shelter
- Homeless Prevention
- Permanent Supportive Housing
- Rapid Rehousing

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- Diversion Standards

c. **STANDARDIZED ASSESSMENT TOOL**

The Miami-Dade County Homeless Trust has adopted the HMIS UDE’s, the CoC Coordinated Entry and Local Questions Assessment, Diversion and Homeless Prevention Assessment, TH and RRH assessments, Housing Needs, Housing Milestones and the VI-SPDAT vulnerability screening tool. We use these HMIS tools to prioritize referrals to PSH, RRH and OPH. The referrals are made to new units and units that become available through attrition.

VIII. RECORD KEEPING REQUIREMENTS

a. **DOCUMENTATION REQUIREMENTS**

The Trust, as recipient of CoC grant funds, must maintain, and follow written intake procedures to ensure compliance with the definitions of homeless individual with disability and chronically homeless set forth in § 578.3 and related record-keeping requirements. All sub-recipients of CoC and ESG are required by the grant agreement to comply with the policies and procedures set forth herein to ensure documentation of homelessness at intake.

The procedures for CoC Program funded PSH require at time of move-in, documentation of the evidence relied upon to establish and verify non-chronic homelessness with disability or chronically homeless status. The HUD–mandated procedures for chronically homeless documentation must follow the Order of Priority for obtaining evidence: third-party documentation first, intake worker observations second, and self-certification from the person seeking assistance third (as last resort and subject to conditions below). Such order is also adopted for non-chronic homeless households.

The following documentation must be kept for the life of CoC Program funded PSH and RRH services, or five years following the client exiting the program. The CoC encourages uploading these documents onto HMIS as an attachment in the Client Profile.

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- Disability Verification obtained six months prior to program HMIS Entry or 45 days after Move-In date (PSH only)
- Homeless Verification (including evidence of Chronic Homelessness for Dedicated and DedicatedPLUS PSH)
- Proof of lawful presence (CoC PSH where Miami-Dade pays the rent)
- Third Party Verification establishing length of time unsheltered

Records contained in HMIS are acceptable evidence of third-party documentation and intake worker observations if HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.

In addition to the records required in 24 CFR 578.103, the Trust, as recipient, must ensure that sub-recipients maintain required documentation in the records for 5 years after the end of the grant term.

PSH programs that are accepting transfers from other PSH providers must collect the Disability and Homeless Verification, and for programs where the county is paying the rent directly to a landlord, proof of lawful presence documentation on file from the current provider prior to accepting the transfer.

vii. All referrals for PSH housing, whether for a DedicatedPLUS unit, which includes chronically homeless persons as defined under paragraph (1) of the “Chronic homeless” definition in §578.3 or a non-chronic homeless household, must be supported by evidence documenting their homeless status and severity of service need. A household member must meet the definition of a “homeless individual with disability” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

- Evidence of homeless status (as set forth below under in subsection 2); **AND**
- Evidence of a disability obtained six months prior to, or 45 days after HMIS move-in to PSH.

Procedures require documentation at PSH intake of the evidence relied upon to establish and verify the disability of the person applying for PSH homeless assistance. Acceptable evidence of the disability includes:

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- a. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
 - b. Written verification from the Social Security Administration;
 - c. The receipt of a disability payment (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
 - d. Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (1), (2), (3), or (5) of this sub-section (1)(B); or
 - e. Other documentation approved by HUD. All initial referrals to CoC programs must be generated by Designated Access Points outlined in the CoC's Coordinated Entry standards of care. These access points document evidence of homelessness in HMIS. Evidence of homelessness means the household was observed living in a place not meant for human habitation, OR youth AND persons fleeing violence who have an unsafe primary night-time residence, or and no safe alternative to that residence. Evidence of Chronic Homelessness may also include stays in a Safe Haven, or an Emergency Shelter.

viii. The order of priority for evidence as required for "Chronic homeless" as defined in paragraph (1)(i) of § 578.3 shall also apply to non-Chronic homeless households. Such evidence, in order for priority, is:

- a. An HMIS record or record from a comparable database deemed acceptable to the Homeless Trust in writing;
 - b. A written observation by an outreach worker of the conditions where the individual was living (third party verification);
 - c. A written observation of the dates the individual was observed to be sleeping in a place not meant for human habitation by an unrelated third party including but not limited to business owners, healthcare workers, EMT or law enforcement (third party verification); or
- Where evidence in paragraphs (A) through (C) of this section cannot be obtained, a written record of the referral agency's intake worker's due diligence to obtain third party documentation, the intake worker's documentation of the living situation AND a certification by the individual seeking assistance. Self-certification with accompanying referral agency's due diligence will be accepted as a last resort.

ix. For paragraph (1)(ii) of the "Chronic homeless" definition in §578.3, evidence must include the evidence as

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described in paragraphs (2)(A) through (D) of this section, subject to the following conditions:

a. Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., an encounter on May 5, 2022, counts for May 1—May 31, 2022), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing);

b. Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented with the evidence described in paragraphs (2)(A) through (D) of this section;

c. Evidence of stays in institutional care facilities fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include the evidence in paragraphs (4)(A) through (B) of this section and evidence described in paragraphs (2)(A) through (D) of this Section that the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately prior to entering the institutional care facility; and

d. When documenting homelessness, no more than 25 percent of the documentation can come from self-certification. To document 12 months of continuous homelessness, only 3 months can be documented via self-certification. At least 9 months of documentation must come from documentation sources set forth above in the order of priority as set forth above. To document at least four distinct occasions of homelessness, at least three of the occasions must be documented in the same manner.

x. The following evidence is required to document *stays in an institutional care facility for fewer than 90 days*, for the purpose of meeting paragraph (2) of the “Chronically homeless” definition in § 578.3.

a. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker; or

b. Where the evidence in paragraph (4)(A) of this section is not obtainable, a written record of the intake worker’s due diligence in attempting to obtain the evidence described in paragraph (4)(A) and a certification by the individual seeking assistance that states that he or she is exiting or has just exited an institutional care facility

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where he or she resided for fewer than 90 days; and

c. Evidence as set forth in paragraphs (1) through (3) of this section that the individual met the criteria in paragraph (1) of the definition for “Chronic homeless” in § 578.3, immediately prior to entry into the institutional care facility.

xi.If a family qualifies as chronically homeless under paragraph (3) of the “Chronic homeless” definition in §578.3, evidence must include the evidence as set forth in paragraphs (1) through (4) of this section that the adult head of household (or if there is no adult in the family, a minor head of household) met all of the criteria in paragraph (1) or (2) of the definition.

xii.As provided by the Consolidated Appropriations Act, 2019, youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving services. Additionally, any youth-serving provider funded by the CoC or serving as a youth access point may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary night-time residence and no safe alternative to that residence. HUD interprets “living in unsafe situations” as having an unsafe primary nighttime residence and no safe alternative to that residence. These youth-related requirements supersede any conflicting requirements under this policy.

xiii.Recipients must follow the CoC’s written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC’s adoption of written standards for prioritizing assistance, recipients must accept HMIS referrals generated by the Housing Coordinator based on the Orders of Priority.

xiv.When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should collect a *Referral for Non-Chronic Homeless Household* from the CoC’s Housing Coordinator documenting how she/he determined that there were no chronically homeless households identified for assistance within the CoC’s geographic area at the point in which a vacancy became available. This documentation should include a de-identified copy of the by-name list.

If a non-chronic household enters a dedicated PSH unit, the unit remains dedicated to serving chronic households in the Housing Inventory Chart (HIC).

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HOMELESS TRUST DOCUMENTATION PROCEDURES

xv.Documentation Requirements at time of all HMIS Entries by all HMIS-Participating Providers.

a. All HMIS-participating providers (i.e. outreach, emergency, transitional, PSH or other provider) may only enter HMIS data regarding a current encounter, engagement or housing situation. A back-dated HMIS entry is not allowed when written documentation of a homeless situation is provided by a third party.

xvi.Documentation Requirements for PSH Referral and Placement

a. Utilizing the HMIS, the Housing Coordinator must verify the household is chronically homeless or non-chronically homeless for referral for placement into CH PSH or non- CH PSH, as the case may be. The verification must be in writing, utilizing a standard form established by the Homeless Trust administratively. Documentation of disability must be included in the referral package generated by the referring provider unless such documentation is not available but can be secured by the PSH provider within 45 days of intake.

b. For purposes of meeting the definition of Chronically Homeless:

i. 12 Months Continuous Homelessness

An individual will demonstrate chronic homelessness if there are 12 months of continuous homelessness and no evidence of a break in the HMIS record (i.e., stay in transitional housing or otherwise). Evidence of one night of residing in a place not meant for human habitation, emergency shelter or Safe Haven is sufficient to document the whole month of homelessness assuming there is no HMIS evidence of a break in homelessness (see IV.A.3(B) above).

If there are not 12 continuous months in HMIS and the client does not meet the cumulative homelessness criteria, the referring agency must provide the Housing Coordinator with third party evidence of the individual’s residence during break(s) in the order of priority for documentation as provided in IV.A.2(A)-(D) above to allow the Housing Coordinator to issue a written verification of chronic homeless status. (For example, there are 9 months documented in HMIS over the

last year, but the referring agency can obtain discharge paperwork or a written certification from mental health

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professional for at least three months of a stay in an institution lasting less than 90 days).

ii. 12 Months Cumulative Homelessness

An individual may also qualify as chronically homeless if the HMIS record shows there have been 12 months of cumulative homelessness over the last 3 years. Again, one night of residence in a place not meant for human habitation, emergency shelter or Safe Haven is sufficient to document the whole month of homelessness (example: there is evidence of at least one outreach contact or one night in shelter or Safe haven for 12 months over the last three years).

If there are not 12 months in HMIS but client has reported that they have been homeless for the last 12 months in the last three years, the referring agency must provide the Housing Coordinator with third party evidence of the individual’s residence in a place not meant for human habitation, emergency shelter or Safe Haven or an institutional stay of 90 days or less during break(s) in the order of priority for documentation as provided in IV.A.2(A)-(D) above to allow the Housing Coordinator to issue a written verification of chronic homeless status.

iii. At Least Nine Months of Homelessness Cannot Be Documented.

If at least 9 months of homelessness (cumulative or continuous) cannot be obtained through HMIS or by third-party documentation, up to the full 12 months can be documented via self- certification only:

- The referring agency must thoroughly document attempts to obtain third- party documentation and why third-party documentation was not obtained.
- A written certification must be obtained from individual or head of household of the living situation of the undocumented time period.
- This self-certification with the referral agencies recorded due diligence is limited to rare and extreme cases and no more than 25 percent of the household’s homeless verification, meaning one (1) of four (4) episodes of homelessness or three (3) months of twelve consecutive months of homelessness.
- The above written documentation must be provided to the Housing Coordinator in order to allow the Housing Coordinator to issue a written verification of chronically homeless status.

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c. In order to process requests for placement following referral, the PSH provider must receive documentation of disability, and all other documentation set forth in the Miami-Dade County Homeless Trust PSH Required Documentation List, a comprehensive checklist of record keeping requirements adopted by the Homeless Trust in consultation with the Miami HUD Field Office.

Tools:

Active Client List (formerly referred as By-Name List)

[Permanent Support Housing Denial Letter](#)

Miami-Dade County Homeless Trust Disability Verification Form

Miami-Dade County Homeless Trust PSH Required Documentation List

Vulnerability Index Tools: VI-SPDAT