

## **CHAMP**

### **3<sup>rd</sup> Party Chronic Homelessness Verification**

This verification must be completed by a referring outreach worker or homeless service provider with direct knowledge of the client’s situation. If an agency provides both outreach/homeless services and PSH services, verification may not be provided by PSH staff, but may be provided by staff affiliated with outreach/homeless services.

*An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years that total 12 months. Instances when the individual resided or is currently residing in an institutional care facility (e.g. jail, hospital, detox) will not count as a break in homelessness as long as the stay is less than 90 days and the individual was homeless before entering the facility. A family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).*

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 1: Current Housing Status</b>	
<i>Client must currently be in one of these locations in order to be considered chronically homeless.</i>	
<b>Client is currently residing:</b>	
<input type="checkbox"/> In Emergency Shelter <input type="checkbox"/> On the Streets/Place not meant for human habitation <input type="checkbox"/> In an Institutional Care Facility (where they have been for fewer than 90 days, if they were homeless prior to entering the facility)	
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Location Name/Address:</b>	
<b>Current Housing Status Notes:</b>	
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**Part 2: Housing History** must have continuous 12 months or longer in a literal homeless location OR have at least 4 episodes of literal homelessness in the past 3 years that total at least 12 months

	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12	
Mo./Yr. (this month)													
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Inst. (<90 days)
Referring party has firsthand knowledge	<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*	<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*	

\* If referring outreach worker/service provider does not have firsthand knowledge of ct's homeless status, documentation must be attached. Examples of acceptable documentation include: entry/exit printout from the HMIS or DV database from a community ct resided in previously, referral letter from homeless service provider with firsthand knowledge, discharge paperwork from hospital or incarceration.

Break Mo./Yr. & Descr.	Break 1: _____/_____ to: _____/_____
	Location:
or N/A	Break 2: _____/_____ to: _____/_____
	Location:
	Break 3: _____/_____ to: _____/_____
	Location:
	If there are additional breaks please detail and attach.

Notes	
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### Part 3: Disability Status

The term "homeless individual with a disability" means an individual who is homeless, as defined in section 103 of the McKinney-Vento Homeless Assistance Act, and has a disability that

- Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently;
  - Could be improved by the provision of more suitable housing conditions; and
  - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

The head of household has been diagnosed with one or more of the following:

Substance use disorder, mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, chronic illness or disability.

Yes

No

Documentation Attached:

Awards letter from SSA identifying SSI/SSDI benefits or from the VA dated within the calendar year; OR

Written verification of the disability from a licensed professional

*Additional program specific documentation may be required upon selection for a specific property.*

### Part 4: Staff and Client Certifications

#### Client Certification:

*To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied. It is my responsibility to notify my CHAMP case manager of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

**Client Name: (Printed)**

**Client Signature:**

**Date:**

#### Staff Certification:

*To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.*

**Staff Name: (Printed)**

**Staff Signature:**

**Date:**

**Staff Role:**

**Agency:**