



Chronic Homelessness Definition

This tool provides some sample recordkeeping tools for the Chronic Homelessness Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the [HUD Exchange](#).

Recordkeeping Documentation Options Explained

3rd Party Documentation



Documentation from HMIS/Comparable Database

Records must show entries/exits at Shelters.

An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.



Written observation by an outreach worker or
Written referral by another housing



Documentation from Institutions like Hospitals, Correctional Facilities, etc.

Must include records about stay the length of stay, signed by Clinician or other appropriate staff.

Self Certification



Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.

Remember that for each Project:

- 100% of households served can use self-certification for 3 months of their 12 months,
- 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and
- 25% of households served can use self-certification as documentation for any and all months.

When do you need third party documentation?



Preferred to record all occasions of homelessness to document Chronic Homelessness.



Not necessary to record breaks in homelessness, these can be based on self reports.

VSHA CoC Program/Permanent Supportive Housing: “Shelter Plus Care”
ELIGIBILITY of CHRONIC HOMELESSNESS (CH)

Examples of Locations of Literal Homelessness eligible for the CH definition:

⊖ Places not meant for human habitation: Residing in the streets, tent, car, woods, campground, bus station, under a bridge, airport, abandoned/condemned building, etc.

⊖ Emergency Shelter Program: Residing in an Emergency Shelter; Seasonal/Overflow Shelter; Domestic or Sexual Violence Shelter/Safe Home, Emergency Shelter unit funded by HOP/GA alternative; GA Motel Voucher or Motel funded by a charitable organization, etc.

⊖ Short-Term Stay in an Institution (<90 days): resided in a place of Literal Homelessness immediately prior to entering a short-term stay of less than 90 days (Mental Health-hospital/crisis bed/etc.; DOC prison/TH/etc.; Substance Treatment, Medical-hospital/rehab/nursing home/etc.). ***a short-term stay counts towards the continuous/combined 12 months of CH**

To initially qualify for the VSHA Shelter+Care Program the:

- individual or family must lack a fixed, regular, and adequate nighttime residence; AND
- the head of household must be diagnosed with a disabling condition of long duration; AND
- the head of household must meet the HUD definition of Chronic Homelessness (CH) **OR** CH-DedicatedPLUS (CH+), with documentation.

CATEGORIES of **CHRONIC HOMELESSNESS-DEDICATED PLUS** (only CHECK ONE):

Continuous 12 months of **ONLY** residing in places of eligible Literal Homelessness (see above).

OR

Combined 12 months or more of residing in places of Literal Homelessness over the past **three (3) years**.

OR (one of the above **and** one of the following - *optional*)

Recent CH Status: currently residing in a place of Literal Homelessness, but the head of household experiencing chronic homelessness had been admitted and enrolled in a **permanent housing project within the last year** and were unable to maintain a housing placement **CH status is maintained from previous enrollment*

Rapid Re-housing (RRH): currently residing in an eligible RRH program (CoC-Rapid Rehousing, ESG-RRH, VA-SSVF RRH, VA-VHPD) **AND** entered the RRH program with a chronically homeless status.

Transitional Housing/Rapid Re-housing (TH-RRH): currently residing in TH funded by an eligible joint TH-RRH program (YHDP, CoC, etc.) **AND** entered the TH with a chronically homeless status.

VERMONT STATE HOUSING AUTHORITY
History of Chronic Homelessness

Client Name: _____

ServicePoint ID: _____ Date of Interview: _____

Name of Interviewing Staff: _____

Name of Interviewing Staff Organization: _____

# Reported Months/Days ¹ : (minimum 12 months or 365 days)	
# Documented Months/Days: (within the past 3 years)	
# Months/Days requiring third party documentation ¹ :	9 months (or 270 days)

Include a cover letter to provide the full history of homelessness

Start Date (day/month/ year)	End Date (day/month/ year)	Countable Days or Months ²	Location of Literal Homelessness	Description of Literal Homeless Location	Documentation Source ³	Document Status ⁴ (Obtained or Pending ⁵)
	CURRENT		<input type="checkbox"/> Place Not Meant For Human Habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> GA or Other Motel <input type="checkbox"/> Institutional Stay (<90 days)		<input type="checkbox"/> HMIS Record (ES/SH) <input type="checkbox"/> HMIS Record (Outreach) <input type="checkbox"/> Third Party Letter <input type="checkbox"/> Institutional Discharge <input type="checkbox"/> Self-Certification <input type="checkbox"/> Other:	

¹ CH-DedicatedPLUS = **at least 12 months**, in past three years, of residing in a literal homeless location(s); does not require four (4) separate episodes.

² If there is **evidence of a break** in homelessness within a month, days of homelessness must be counted instead of counting the entire month.

³ **Third Party Letter** should be on letterhead of documenting agency (date/signed) with applicant's name, start/end dates & location of each literal homelessness episode (if pertinent, include the record of breaks between literal homelessness).

⁴ Clarify if documentation is **obtained OR pending** (identify source or holder of pending documentation and anticipated receipt date).

⁵ If the Interviewing Staff are unable to retrieve a Third Party letter, or other Documentation Source, they must provide the status and explanation of what **Good Faith Efforts** were made to get documentation for each literal homeless episode.

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