| **Housing & Homeless History Client Name:** |
| --- |

|  | **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. | *(Current Status)* | *(Prev. Month)* |  |  |  |  |  |  |  |  |  |  |
| Location  *Check all that Apply* | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) | ☐ Streets  ☐ Shelter  ☐ Inst.  (<90 days) |
| Doc. Type  *Check One*  *(Except Self-Cert. must*  *select both)* | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence | ☐ HMIS  ☐ Obsv. By Outreach  ☐ Discharge Paperwork  ☐ Referral  ☐ Letter  ☐ Self-Cert.  ☐ Staff Doc. of Situation  ☐ Doc. of steps to obtain evidence |
| Doc. Att. | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No |

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| Break Mo./Yr. & Descr.  or N/A | Break 1:  Break 2:  Break 3:  If there are additional breaks please detail and attach. |
| Notes |  |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? \* ☐ Yes ☐ No  *\* Please be advised that if you answered* ***YES****, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified.* ***Please check with you project administrator to ensure your project has not exceeded its self-certification cap.*** |
| *Key* | *Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Cert. = Certification, Descr. = Description, Prev.= Previous* |
|  | **Chronic Homelessness Documentation Worksheet - Page 1 of 2 (Not including Attachments)** |

| **Rensselaer County Coordinated Entry**  **Chronic Homelessness Documentation Worksheet** | |
| --- | --- |
| **Disability Status Client Name:** | |
| HUD defines a disability as a condition that: Is expected to be long-continued 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 one of the conditions listed below.  The head of household and/or household members have been diagnosed with one or more of the following conditions (check all that apply): | |
| ☐ Substance use disorder  ☐ Serious mental illness  ☐ Developmental disability  ☐ Post-traumatic stress disorder | ☐ Cognitive impairments resulting from brain injury  ☐ Chronic physical illness or disability  ☐ Other (describe): |
| Documentation Attached:  ☐ Written verification of the disability from a licensed professional;  ☐ Written verification from the Social Security Administration;  ☐ The receipt of a disability check; or  ☐ Intake staff-recorded observation of disability that, no later than 45 days from intake to a housing program, will accompanied by supporting evidence. | |

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| **Staff and Client Certifications** |

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| **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 application for assistance being cancelled or denied. It is my responsibility to notify* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *of any changes in my housing status or address verbally or 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:**  *Unless otherwise indicated, all outreach observations indicated on the Housing & Homeless History chart were made by staff and/or volunteers of this agency. To the best of my knowledge and ability, all of the information and documentation used in making this eligibility summary is true and complete.* |
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| **Staff Name: (Printed)** | **Staff Signature:** | **Date:** |
| --- | --- | --- |
| **Title:** | **Agency:** |  |

| **Notes:** |
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| **Chronic Homelessness Documentation Worksheet - Page 2 of 2 (Not including Attachments)** |