

Documenting Current Boston Homelessness

Guidance on Documenting Eligibility

- ✓ If Boston homeless nights are in the client's Warehouse record
 - If the client's warehouse record indicates there are current Boston homeless nights at the time of application **there is no need to turn in documentation**; receiving agencies can verify through the warehouse.
- ✓ If Boston homeless nights are outside of the Warehouse
 - Verification must follow the City of Boston's preferred order of documentation below. Staff should move down the list of this preferred order, and only use self-certification in instances where all above options have been exhausted.

Boston's Preferred Order of Documentation of Homeless Status	
1.	HMIS record of Boston bed/outside nights
2.	Third-party written documentation/ shelter letter
3.	Oral verification to the intake worker (written by the intake worker)
4.	Intake worker written observation of one's homelessness
5.	Self-certification from the participant

Sample Template: Verification of Homelessness

Homeless Situation: This verifies that the participant meets the HUD definition of literally homeless (Category 1). _____ **(participant name)** sleeps or resides in one of the following situations (check off the applicable option):

___ A place not meant for human habitation
(unsheltered)

___ An emergency shelter

___ A transitional housing/VA GPD program

___ A hotel funded by public dollars

___ An institution (hospital, treatment, corrections, etc.) for less than 120 days; and was in one of the above situations prior to entry into the institution

Location: Specify where the participant resides (agency name, institution name, etc): _____

Dates: Specify the dates the participant has resided in the above situation: _____

Certification: Use one of the following methods to certify this verification of homelessness:

1. Third Party Verification

I, _____ (provider name + agency) verify the participant resides in the above situation because my agency provides direct services to shelter or outreach to the participant; or I work at an institution where the participant temporarily resides.

Provider staff signature

Provider Agency Name

Date

2. Oral Verification to the Intake Worker or Intake Worker Observations

I, _____ (provider name + agency) verify I received oral verification from the provider agency or my observations indicate that the participant resides in the above situation

Program staff signature

Provider Agency Name

Date

3. Participant Self-Certification

I, _____ (participant name) verify I reside in the above situation.

Participant Signature

Date

Due Diligence Documentation

Indicate the reason(s) you were unable to obtain third party or HMIS verification and had to use the oral, observation or self-certification methods. _____