Instructions for:
Form B: Certification of Homelessness Status

DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: documents the Client's homelessness status and prior living situation and certifies that the Client was homeless upon entering the Homelessness Response System.

Applicability: Form B should be filled out for all Clients during the assessment process and is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: this form should be completed by Staff and signed by the Client (Head of Household/Primary Applicant) and Staff. Verification of the prior living situation should be attached. Third-party verification should be prioritized, where possible. However, this requirement should not extend the time a Client will remain homeless. Acceptable verification of the Client's homeless status may include (but is not limited to) the following:

- **ONE System** record (or record from a comparable database, i.e., CHANGES, RTZ, EPIC, etc.) indicating the Client's current homeless status
- **Institutional Paperwork:** Intake and/or discharge paperwork, etc.
- **Form C1: Third-party Homeless Certification:** completed by Staff, based on a service provider, healthcare professional, law enforcement officer verification of one or more encounter (FAQ 2760); a community member (FAQ 2759); or an outreach worker observation (FAQ 2758)
- **Form C2: Self-Certification of Homeless History:** completed by the Client and documenting the conditions where the Client reported they are currently living

> **Note:** For people exiting institutional stays, acceptable evidence includes evidence of homeless status prior to entry (using the forms above) and evidence of the length of time the person has resided there (discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility; or a written certification from the Client.)

Section	Topic	Instructions
Section 1: Homeless Status	*For Staff Use Only:* *Which of the below applies to the Client or Family's current living situation?*	***Access Point/Coordinated Entry/Housing Navigation staff:*** *Check only one box (i.e. 1 – 8).*
	For Staff Use Only: *Chronic Homeless Status:* *Do you have documentation that the individual or family HoH meets HUD's definition of chronic homelessness?*	***Access Point/Coordinated Entry/Housing Navigation staff:*** *Check only one box:* ☐ *Yes* ☐ *No* ☐ *Unsure/Documentation not Complete.* ***Note:*** *documentation of chronic homelessness is only required for Clients who are matched with HUD CoC housing units and does not need to be determined at the time that Form B is completed.*
	For Staff Use Only: *For Shelter-in-Place (SIP) Hotel Guests Only* ***Note:*** *SIP Hotels are considered a shelter or Safe Haven.*	***Access Point/Coordinated Entry/Housing Navigation staff and Care Coordinators:*** *Insert the name of the SIP Hotel where the Client (Head of Household) resided, and the date the Client was enrolled.* *Check box "2. Living in a shelter or Safe Haven" above.* ***Notes:*** *there is no need to check a box under "Chronic Homeless Status."* *Be sure to sign and date the form under "Staff Certifications" and include your title and the name of your organization.*

		Since verification of the Client's stay at a SIP Hotel will be uploaded into the ONE System, there is no reason to include "steps taken to obtain third-party documentation" under "Staff Certifications."
Section 2. Certifications	*For Staff Use Only:* *Staff Certification*	***Access Point/Coordinated Entry/Housing Navigation staff:*** *Sign and date the form and include your title and the name of your organization.* *If you were unable to upload verification of the Client's current living situation as indicated by the box (1- 8) checked, above, please briefly describe the steps taken to obtain third-party documentation.*
	Head of Household Certification	**STOP** – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.