



HSH Permanent Housing Application

Form C: History of Homelessness and Housing [to be completed by Staff]

Printed Name of Client: (Head of Household/Primary Applicant)	
Printed Name of Client: (second adult)	
Printed Name of Staff:	
Staff Title/Name of Organization:	
Date Completed:	

Instructions: This form documents the Client’s history of homelessness and housing. The chart should be filled out starting with the current month and going back **24 consecutive months** (2 years), if possible.

Note: For Continuum of Care referrals, up to 36 months (3 years) of history may be included, if necessary, to meet the requirement for “chronic homelessness” of 12 or more months of homelessness or 4 or more episodes of homelessness within the past 3 years.

Section 1: Timeline of Homelessness and Housing

- Pre-populate the chart with records from the ONE System
 - **Note:** one night in an emergency shelter or Safe Haven or one contact by a street outreach worker is enough to serve as documentation for that entire month.
- Review the chart with the Client to document the Client’s location for all months that are not accounted for by the ONE System Records.



Section 2: Verification of Homelessness

- For each line in the timeline, identify whether the Client was **homeless** or **housed**.
- - Check the “Yes” box in the appropriate column
- Under “Type” write in the number that corresponds to the Client’s living situation.

Homeless
1 - Place not meant for human habitation
2 - Emergency shelter
3 - Safe Haven
4 - Hotel/Motel (paid by an Agency)
5 - Institutional stay (less than 90 days + homeless at entry)

Housed
6 - Transitional Housing
7 - Couch Surfing
8 - Hotel/Motel or other housing (paid by the Client)
9 - Institutional stay (90+ days)
10 - Other

- For each period of **homelessness**:
 - Include the # of months that the Client experienced homelessness
 - Collect documentation to verify the period of homelessness, where possible
 - Under “Type” write in the type of verification documentation you have collected.
Examples include:
 - **HMIS (ONE System) Record:** HMIS or CHANGES enrollment, Staff records of contact, etc.
 - **Institutional Paperwork:** Intake and/or discharge paperwork, etc.
 - **Form C1:** Third – Party Homeless Certification (completed by Staff)
 - **Form C2:** Self-Certification of Homeless History (completed by Client)
 - Upload verification documents into the ONE System
 - - Check the box under “In ONE System?”

Note: If proof of **chronic homelessness** is required (i.e. for Continuum of Care referrals):

- Add up the total # of months that the Client experienced homelessness (12+ months or 4 or more episodes are required for proof of chronic homelessness)
- Make sure that verification documentation for each period of homelessness is included



Section 1. Timeline of Homelessness and Housing			Section 2. Verification of Homelessness						
From (month/ year)	To (month/ year)	Location (list name of shelter, Safe Haven, hotel/motel, institution, transitional housing complex, encampment location, etc.)	# of months	Homeless		Housed		Verification Type	In ONE system?
				Yes	Type (1-5)	Yes	Type (6-10)		
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
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				Yes	Type (1-5)	Yes	Type (6-10)		
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