Directions: (1.) Circle the scenario that best describes the situation for the applicable category. (2.) Follow the steps for that specific situation. If the steps are not followed in order, due diligence must be documented. Exceptions to this requirement are noted for Category 4. (3.) Check the box(es) indicating which documents were obtained. (4.) The staff member completing the form should print name and then sign and date the bottom of the applicable page. (5.) Have supervisor (or equivalent) review the checklist and verifications. Upon review, the supervisor will initial and date indicating review and approval. (6.) Retain the applicable page of the Homeless Eligibility Verification Checklist and the verifications that were obtained in the participant file as verification of homeless eligibility status.

Category 1(i) An individual or family with a primary nighttime residence that is a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. **Category 1(ii)** An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). **Category 1(ii)** An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
The Street Category 1(i)	 1 Third Party: a) Documentation from outreach worker on Form 101 or on the respective agency's letterhead with ALL of the information from Form 101. Forward Form 101 to third-party to use as template to ensure all required information is obtained. b) Written referral from another housing or service provider on Form 102 or on agency letterhead with ALL of the information from Form 102. Forward Form 102 to third party to use as template to ensure all required information is obtained. c) Oral: Documented statement obtained from third-party when written third-party is not available. Form 103 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable. 2) Intake Staff Observation: Intake staff observations must be documented on Form 104. If you are using this method, you 		
	 and 2 were not obtainable. Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification. 		
Shelter Category 1(ii)	 1 Third Party: a) HMIS Report; OR b) Documentation from the emergency shelter's staff on Form 106 or on the respective agency's letterhead with ALL of the information from Form 106. Forward Form 106 to third party to use as template to ensure all required information is obtained; c) Oral: Documented statement obtained from emergency shelter when written third-party is not available. Form 107 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable. 2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105. Note: If <u>all</u> criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable. Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification. 		