









Madison/Dane County CoC Chronic Homelessness Documentation Guidance & Checklist

This HUD visual provides some sample recordkeeping tools for the Chronic Homelessness Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578, the Hud Exchange, and the HSC Written Standards.

Recordkeeping Documentation Options Explained			
3rd Party Documentation			
	<p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i></p>	<p>Written observation by an outreach worker or Written referral by another housing or service provider</p>	<p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p>
Self Certification		<p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months. 	
<p>When do you need third party documentation?</p> <div style="display: flex; align-items: flex-start; gap: 20px;"> <div style="text-align: center;">  </div> <div> <p>Preferred to record all occasions of homelessness to document Chronic Homelessness.</p> </div> </div> <div style="display: flex; align-items: flex-start; gap: 20px; margin-top: 10px;"> <div style="text-align: center;">  </div> <div> <p>Not necessary to record breaks in homelessness, these can be based on self reports.</p> </div> </div>			





Madison/Dane County CoC Chronic Homelessness Documentation Checklist

An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

Client Name:	Date of Birth:
Number in Household:	Client Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 1: Current Housing Status

Client must currently be in one of these locations in order to be considered chronically homeless.

Client is currently residing:

- In Emergency Shelter
- On the Streets/Place not Meant for Human Habitation
- In the Safe Haven
- In an Institutional Care Facility (Where they have been for fewer than 90 days)

Start Date: _____

End Date: _____

Location Name/Address:

Current Housing Status Notes:

Part 2: Housing History

Madison/Dane County CoC



	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 Month)												
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<i><90 days</i>)
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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, Comp. = Comparable, Cert. = Certification, Descr. = Description



**Madison/Dane County CoC
Chronic Homelessness Documentation Checklist**

Client Name: (Printed)	Client Signature:	Date:
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Part 3: Staff and Client Certifications

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 participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify **Coordinated Entry at (608)-826-8019** of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

Staff Certification:

To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.

Staff Name: (Printed)	Staff Signature:	Date:
Staff Role:	Agency:	

Notes: