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

Documentation from HMIS/Comparable Database

Records must show entries/exits at Shelters.

An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.

Written observation by an outreach worker
or
Written referral by another housing or service provider

Documentation from Institutions like Hospitals, Correctional Facilities, etc.

Must include records about stay the length of stay, signed by Clinician or other appropriate staff.

Self Certification

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.

Remember that for each Project:
- 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.

When do you need third party documentation?

✔ Preferred to record all occasions of homelessness to document Chronic Homelessness.

✘ Not necessary to record breaks in homelessness, these can be based on self reports.

www.hudexchange.info/resource/5182/sample-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: Eugene Krabs	**Date of Birth: 5/1/99**
Number in Household: 3	**Client Head of Household:** ☒ Yes ☐ 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: August 2021	**End Date: Current (March 2023)**

Location Name/Address:

Salvation Army Family Shelter

Current Housing Status Notes:

Chronic Homelessness Documentation Checklist - Page 1 of 3 (Not including Attachments)

	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.	*March 2023* (Current Month)	February 2023	January 2023	October 2022	September 2022	April 2022	March 2022	February 2022	January 2022	October 2021	September 2021	August 2021
Location *Check all that Apply*	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☑ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☑ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)
Doc. Type *Check One* *(Except Self-Cert. select both)*	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☑ HMIS ☑ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence
Doc. Att.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Break Mo./Yr. & Descr. or N/A	Break 1:November 2021 – December 2021 : Couch Surfing with Family Break 2: May 2022 - August 2022 : Incarcerated, longer than 90 days. Break 3: November 2022 – December 2022 : Couch Surfing with Family 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*

Chronic Homelessness Documentation Checklist - Page 2 of 3 (Not including Attachments)

Madison/Dane County CoC
Chronic Homelessness Documentation Checklist

Client Name: (Printed) Eugene Krabs	Client Signature:	Date: 3/7/23
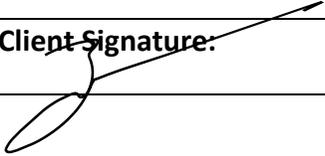
Part 3: Staff and Client Certifications

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) Zach Stephen	Staff Signature:	Date: 3/7/23
Staff Role: CE Manager	Agency: ICA	

Notes:

Chronic Homelessness Documentation Checklist - Page 3 of 3 (Not including Attachments)