



Homeless Services Department

DedicatedPLUS Verification

For a Permanent Supportive Housing (PSH) project designated as DedicatedPLUS, intake staff are required to verify that the household: 1) has a qualifying disability, 2) is currently residing in an eligible location, and 3) meets one of HUD's defined DedicatedPLUS categories of households experiencing long-term homelessness.

Applicant Name: _____

HMIS Client Number: _____

Part 1: Disabled Status Verification

To be eligible for a DedicatedPLUS PSH project, the individual must have a disability as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), available here:

www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf.

Third-Party Documentation is required. Please indicate the type of verification supplied and attach to this form.

- Written verification from **licensed professional** in Oregon certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently. This includes the AHFE *Verification of Disability* form.
- Written verification from **Social Security Administration**.
- The receipt of a **disability check**.
- Temporary Option: Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 45 days.*

Part 2: Current Residence

To be eligible for a DedicatedPLUS PSH project, the individual must meet one of the following homeless conditions the night before entering the program. An individual in transitional housing (other than GPD) is NOT eligible even if they met the criteria prior to entering the transitional housing program.

Please indicate the current residence and complete the *DedicatedPLUS Summary* included in this packet. This summary will capture the individual's current residence and prompt for appropriate documentation.

- Residing in a **place not meant for human habitation, an emergency shelter, or a safe haven.**

OR

- Residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above immediately prior to entering the facility (including but not limited to: jail, substance abuse or mental health treatment facility, or hospital).
- Receiving Rapid Rehousing (RRH) assistance and met the homelessness criteria above immediately prior to entering the RRH project. *Must also attach evidence that the individual is receiving assistance through a RRH project.*
- Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met the homelessness criteria above immediately prior to entering the program. *Must also attach evidence that the individual is receiving assistance through a VA-funded homeless assistance program.*

Name/Address of Current Residence: _____

Additional Notes about Current Residence (not required):

Part 3: Homeless History

To be eligible for a DedicatedPLUS PSH project, the individual must currently meet one of the following homeless history conditions, or have met one of the following homeless history conditions at entry into a RRH project. Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was residing in a place not meant for human habitation, emergency shelter, or safe haven immediately before entering the institutional care facility.

Please indicate the homeless history category and complete the *DedicatedPLUS Summary* included in this packet. This summary will capture the individual's homeless history and prompt for other required documentation.

- 1. Experiencing chronic homelessness as defined in 24 CFR 578.3.
 - A. Living in a place not meant for human habitation, an emergency shelter, or a safe haven continuously for at least 12 months, without a break of 7 or more consecutive nights.
 - B. Living in a place not meant for human habitation, an emergency shelter, or a safe haven on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness included at least 7 consecutive nights not in a place not meant for human habitation, an emergency shelter or a safe haven.
- 2. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions.
- 3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement. *Must also attach evidence that the individual resided in a permanent housing project within the last year.*
- 4. Receiving assistance through a VA-funded homeless assistance program and met one of the other listed criteria at initial intake to the VA's homeless assistance system. *Must also attach evidence that the individual is receiving assistance through a VA-funded homeless assistance program.*
- Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project. *Must also attach evidence that the individual is residing in a transitional housing project and that this project will be eliminated.**
- Residing in transitional housing funded by a Joint Transitional Housing and Rapid Re-Housing component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project. *Must also attach evidence that they are residing in a Joint Transitional Housing and Rapid Re-Housing component project.**

Staff Certification

To the best of my knowledge and based on my professional judgement, all of the information and documentation used to make this eligibility determination is true and complete.

Staff Name (Printed): _____

Agency Name: _____

Staff Signature: _____ Date: _____

*Homeless history conditions marked with an asterisk are not incorporated locally, and therefore do not apply.

DedicatedPLUS Summary

Instructions: Complete the chart below to demonstrate the required 12 months of homeless history. Write in the month/year for each month at the top of the table and then indicate the location(s) and documentation type provided for each of those months. If applicable, also indicate any breaks in homelessness.

Documentation for each of the 12 months must be attached. HUD expects projects to obtain 3rd party documentation for as many months as possible. When unavailable, projects must collect either PSH intake worker observation or self-certification AND document steps taken to obtain 3rd party documentation. As indicated on pages 1 and 2 of this packet, additional documentation is required in certain situations (e.g. if receiving RRH or VA-funded homeless assistance, evidence of that assistance must also be attached).

Approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places): _____/_____/_____													
	Months Experiencing Homelessness (each month should have response)												
	Sample	1	2	3	4	5	6	7	8	9	10	11	12
Month/Year	5/2018												
Location(s): check all that apply for each of the 12 months													
Place not meant for human habitation (e.g. tent, car, abandoned bldg, etc.)	X												
Emergency shelter, including hotel/motel paid for with ES voucher													
Institution for less than 90 days													
Safe Haven													
Documentation Type: check the type of documentation provided for each of the 12 months													
HMIS record of shelter stay or street outreach contact (3 rd party)													
Letter from shelter provider or outreach worker (3 rd party)													
Letter from staff at day center or other service providing agency (3 rd party)													
Discharge papers from institution (3 rd party)	X												
Other reliable documentation, explain in notes (3 rd party)													
Intake Agency Documentation: <i>must attach documentation of steps to obtain 3rd party verification</i>													
Self-Certification: <i>must attach documentation of steps to obtain 3rd party verification</i>													
Break(s): include Month/Year & short description/write "N/A" (if 3+ breaks, detail & attach). Breaks are not required unless box 1B or 2 under Part 3 are checked. Break 1: Break 2: Break 3:													
Additional Notes (not required)													