



Eligibility Screening for Metro Supportive Housing Services-Funded Permanent Supportive Housing

Date of eligibility screening: _____

I certify the _____ household meets each of the following four criteria:

1. Household is earning between 0-30% AMI; AND
2. Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or addiction. *This can be self-certified. The disability does not need to be diagnosed or documented by a third party; AND*
3. Head of household is currently:
 - a. Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); OR
 - b. In an institution or publicly funded system of care (e.g. hospital, jail or prison, foster care); OR
 - c. In housing and will become literally homeless within 14 days of the date of application for homeless assistance or has received an eviction (this includes households who are involuntarily doubled up); OR
 - d. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing
This can be self-certified or certified by a supportive services provider. No additional documentation is required; AND
4. Head of household meets one or more of the following criteria:
 - a. Has been literally homeless, institutionalized, in a publicly funded system of care and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; OR
 - b. Was housed through another Homeless Assistance Housing Program in the last three years and is not currently being served in that program; OR
 - c. Is being served in an intensive case management program (e.g. Assertive Community Treatment)
This can be self-certified or certified by a supportive services provider. No additional documentation is required.

Households who enter a Homeless Assistance Housing Program (e.g. Mobile Housing Team) maintain their homeless status for the purpose of transitioning into a PSH program. Please check here if the household is currently being served in a Homeless Assistance Housing Program and complete the above checklist to demonstrate their eligibility at entry into that program.

If applicable, name of current Homeless Assistance Housing Program: _____

Staff name: _____

Staff signature: _____ Date: _____

Staff agency: _____

Email: _____ Work phone: _____