

EXHIBIT E FORMS INSTRUCTIONS

INSTRUCTIONS: HEAP HOMELESS STATUS CERTIFICATION FORMS

Use the following instructions for completing Exhibit E – HEAP Homeless Status Certification Forms. Those forms are as follows:

- HEAP Homeless Status Certification
- HEAP Third Party Verification / Written Observation of Homeless Status
- HEAP Recordkeeping Requirements
- HEAP Self-Certification of Homeless Status

Complete one Exhibit E for each individual adult applicant/participant applying for or receiving Homeless Emergency Aid Program (HEAP) services. If there is more than one adult in the household, a separate Exhibit E must be completed for each adult applicant/participant and the documents must be in the applicant/participant’s file.

The order of preference for Homeless Status documentation is:

1. Third party documentation
2. Written observation by Contractor staff
3. Self-certification by applicant/participant

Use the table below to determine which Exhibit E forms to complete.

If third party documentation is ...	And ...	Then complete ...
Available,	Has been provided,	<ul style="list-style-type: none"> • HEAP Homeless Status Certification • HEAP Third Party Verification / Written Observation of Homeless Status • HEAP Recordkeeping Requirements
Not available,	Contractor staff have observed homeless status,	<ul style="list-style-type: none"> • HEAP Homeless Status Certification • HEAP Third Party Verification / Written Observation of Homeless Status • HEAP Recordkeeping Requirements
Not available,	Contractor staff have not observed AND cannot otherwise verify homeless status,	<ul style="list-style-type: none"> • HEAP Homeless Status Certification • HEAP Third Party Verification / Written Observation of Homeless Status • HEAP Recordkeeping Requirements • HEAP Self-Certification of Homeless Status

Instructions for each separate form follow.

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HEAP HOMELESS STATUS CERTIFICATION FORM

The HEAP Homeless Status Certification Form identifies and verifies the homeless status and HEAP eligibility for applicants requesting assistance via HEAP funding. Contractors are responsible for identifying, verifying, and collecting all supporting documentation that establish the status identified. This Form is completed by both HEAP Contractor staff and the HEAP Applicant. Completion Instructions are as follows:

Completion Instructions:

1. Enter Case Manager's name
2. Enter Applicant/participant's:
 - a. Name,
 - b. Intake Date
 - c. Date of Entry into HMIS
 - d. HMIS Client Identification Number
3. Check one: Check the applicable box and enter the number of adults, and it appropriate, the number of children.
4. Identify the applicant/participant's Homeless Status by checking **ALL** the applicable boxes. The applicant/participant must fall under **only one** of the following categories:
 - a. Literally Homeless
 - b. At Risk of Imminent Homelessness
 - c. Unaccompanied Youth
 - d. Fleeing or Attempting to Flee

The category of homeless classification determines the type of HEAP activities/services the prospective participant is eligible to receive so it is critical the status is correctly identified.

5. Complete the signature sections, both Applicant/Participant and HEAP Staff.
6. Ensure all sections of the form are complete, including the required signatures and dates. Failure to complete the form will result in the form being considered "INCOMPLETE", and the expenditures related to the applicant/participant will be denied. If information is requested on the form and is not readily available, do not leave blank; instead indicate the information is either not available, not applicable and explain why. Ensure all dates are entered, as dates help determine eligibility. If dates are not accurately entered on the form, the applicant/participant and related services will be deemed ineligible.

HEAP THIRD PARTY VERIFICATION / WRITTEN OBSERVATION OF HOMELESS STATUS

This is a dual purpose form. It is used to document party verification, and, if necessary, to also document HEAP staff's written observation of the applicant/participant's homeless status. As a reminder, third party verification is the preferred method to verify homeless status; written observation is acceptable only when third party documentation is not available AND the attempts to obtain that verification are clearly documented.

A HEAP Third Party Verification / Written Observation of Homeless Status must be completed for each adult member of the household. This form must be completed by HEAP Contractor staff.

Completion Instructions:

1. Enter the HEAP Applicant/Participant Name and HMIS Number
2. Check one of the boxes
3. If the HEAP Contractor staff is also using this form to document homeless status, then complete the narrative section explaining the HEAP Contractor staff's attempted actions providing details regarding how staff attempted to verify the information (e.g., calls made, dates, etc.) AND also

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include the HEAP Contractor staff's written observation, which must include the following details:

- a. Date
 - b. Place/location of observation
 - c. Details leading the Contractor staff/case manager to determine homeless status.
4. If HEAP Contractor staff using this form solely to document attempts to obtain third party verification, then complete the narrative section explaining the HEAP Contractor staff's attempted actions providing details regarding how staff attempted to verify the information (e.g., calls made, dates, etc.).
 5. Complete the signature section.

HEAP RECORDKEEPING REQUIREMENTS

The HEAP Recordkeeping Requirements form demonstrates what type of information was collected to support the applicant/participant's Homeless Status.

Completion Instructions:

1. Enter the HEAP Applicant/Participant Name and HMIS Number
2. Check the appropriate box(es) to indicate the type of documentation collected to identify the applicant/participant's homeless status. Collect all supporting documentation and maintain it in the applicant/participant's file.

HEAP SELF-CERTIFICATION OF HOMELESS STATUS

The applicant/participant's self-certification is only acceptable when it is absolutely not practical or feasible to obtain third-party verification or written observation from the case worker, intake worker, outreach worker, etc. The self-certification may be used when it is the only way the agency is able to verify information related to HEAP eligibility. A self-certification must be completed by each adult member in the household.

The certification must include details including the approximate date applicant/participant became homeless (e.g., I became homeless on or around February 2, 2018), where the applicant/participant is currently sleeping (e.g., I am sleeping in Patriot Park or under the Golden Street bridge, I stay at Hodge Lodge hotel, but no longer can pay, etc.), events leading up to homelessness (e.g., I was evicted on December 28, 2018 and had to vacate the premises). Please note: attempts must be made to certify the information. Vague certification such as I am homeless will not be permitted.

The form MUST be completed by the applicant/participant. If the applicant/participant requires assistance (e.g., unable to write, does not speak/write English, etc.), Contract staff must ensure the certification is in the words of the applicant/participant and is written in first-person (e.g., I am homeless). Certifications written in third-person (e.g., He is homeless) will not be accepted.

Completion Instructions:

1. Enter adult's name (last, first)
2. Enter date
3. Enter telephone number and email address (if none, enter "N/A" or "none")
4. Check the appropriate "I am" box
5. Check one Self-Certification box
6. Describe situation
7. Sign and date form

**EXHIBIT E
HEAP HOMELESS STATUS CERTIFICATION FORM**

This form must be completed for each adult applicant (or participant) requesting or receiving HEAP assistance.

Case Manager (last name, first name): _____

HEAP Applicant (last name, first name): _____

Intake Date (date of entry): _____

Date of entry into HMIS: _____

HMIS Client Identification _____

Check one:

- I am a household of _____ adults with no children under age 18
- I am a household of _____ adults with _____ children under age 18

This is to certify the above named individual or household is currently homeless or at imminent risk of homelessness based on the following and other indicated information and the signed declaration by the applicant.

CATEGORY – Literally Homeless

Check only one: I am an individuals or family who lacks a fixed, regular, and adequate nighttime residence as follows:

- My primary nighttime residence is a public or private place not meant for human habitation.
 - I [and my children] are living in a publically or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs).
 - I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
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CATEGORY – At imminent Risk of Homelessness

I am an individual or family at imminent risk of losing my primary nighttime residence and have ALL of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; **AND**
 - No subsequent residence has been identified; **AND**
 - I [and my children] lack the resources or support networks needed to obtain permanent housing.
-

**EXHIBIT E
HEAP HOMELESS STATUS CERTIFICATION FORM**

CATEGORY – Unaccompanied Youth

I am an unaccompanied youth under 25 years of age, or a family with children and youth, who not otherwise qualify as homeless, but I meet ALL of the following circumstances:

- I am defined as homeless under another federal statute; **AND**
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance; **AND**
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days, **AND**
- I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:

CATEGORY – Fleeing or Attempting to Flee

I am an individual or family that is and have ALL the following circumstances:

- Fleeing, or attempting to flee, domestic violence; **AND**
- Have no other residence; **AND**
- Lack the resources or support networks to obtain other permanent housing.

Applicant/Participant must certify the following is true and correct:

- I hereby certify, under penalty of perjury, that no subsequent residence has been identified for me at this time. (*Categories: Literally Homeless, At Imminent Risk of Homelessness, and Fleeing or Attempting to Flee*)
- I hereby certify, under penalty of perjury, the information and other information I have provide in applying for HEAP assistance is true and complete. (*All Categories*)

HEAP Applicant Signature

Date

HEAP Staff Signature

Date

**EXHIBIT E
HEAP SELF-CERTIFICATION OF HOMELESS STATUS**

Instructions: This form MUST be completed by the applicant/participant. A self-certification must be provided for each adult member in the household. If the applicant/participant requires assistance (e.g., unable to write, does not speak/write English, etc.), HEAP Contract staff must ensure the certification is in the words of the applicant/participant and is written in first person (e.g., I am homeless). Certifications written in third person (e.g., He is homeless) will not be accepted.

Include approximate date the applicant/participant became homeless, where the applicant/participant is currently sleeping, and the events leading up to homelessness. Vague certification such as "I am homeless" will not be permitted.

Head of Household/Other Adult (last, first) _____
Date

Telephone Number _____
Email Address

I am:

- Head of Household**
- Other Adult Household Member**

Self-Certification (select ONE of the following and describe below):

- Lack of sufficient resources and/or support networks and no subsequent residence has been identified
- Fleeing domestic violence
- Living on street or in shelter
- Exiting for institution
- Other (please describe)

HEAP Applicant/Participant Signature _____
Date

EXHIBIT E
HEAP THIRD PARTY VERIFICATION / WRITTEN OBSERVATION OF HOMELESS STATUS

HEAP Applicant/Participant Name (last, first)

HMIS Number

Instructions: This form must be completed by the servicing agency regarding third party verification, attempts to obtain third party verification, and, if attained, staff written observation of homeless status.

Check **one** of the boxes below:

- Third party verification is attached and is on file
- Third party verification was not obtained, and the agency was able to confirm homeless status through observation. The description below includes the attempted actions to obtain third party verification and **my** written observation of homeless status.
- Third party verification was not obtained, and the agency was not able to confirm homeless status through observation. The description below includes the attempted actions to obtain third party verification.

I understand third party verification should be provided and is the preferred method for certifying homeless status. I understand self-declaration of homeless status is only permitted when I have attempted, but have been unsuccessful in obtaining third party verification, and I was unable to confirm homeless status through observation. I hereby certify I attempted to document and/or obtain the third party verification reflected on the HEAP Homeless Status Certification form. The attempted actions were (include details regarding attempts, i.e., calls made, dates, etc.), and if attained, by written observation of the applicant/participant's homeless status is (included category of homelessness):

HEAP Staff Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

**EXHIBIT E
HEAP RECORDKEEPING REQUIREMENTS**

HEAP Applicant/Participant Name (last, first)

HMIS Number

Indicate the type of documentation that was collected in order to identify client's homeless status.

RECORDKEEPING REQUIREMENTS	Literally Homeless	<input type="checkbox"/> Written observation by the outreach worker; <u>or</u> <input type="checkbox"/> Written referral by another homeless or service provider; <u>or</u> <input type="checkbox"/> Certification by individual or head of household seeking assistance stating (s)he was living on the streets or in shelter <input type="checkbox"/> For individuals exiting an institution, one of the forms of evidence above; and : <input type="checkbox"/> Discharge paperwork <u>or</u> written/oral referral, <u>or</u> <input type="checkbox"/> Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual they exited institution
	At Imminent Risk of Homelessness	<input type="checkbox"/> A Three-day Pay or Quit Notice with proper proof of service <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> <input type="checkbox"/> For individual and families leaving a motel evidence they lack the financial resources to stay; <u>or</u> <input type="checkbox"/> A documented and verified oral statement; and <input type="checkbox"/> Certification no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification or other written documentation verifying the individual lacks the resources and support necessary to obtain permanent housing
	Unaccompanied Youth	<input type="checkbox"/> Certification by the nonprofit or state or local government the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> <input type="checkbox"/> Certification of no Permanent Housing in last 60 days; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> <input type="checkbox"/> Documentation of special needs <u>or</u> 2 or more barriers
	Fleeing or Attempting to Flee	<p>For victim service providers:</p> <input type="checkbox"/> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p>For non-victim service providers:</p> <input type="checkbox"/> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification, or other written documentation the individual or family lacks the resources and support networks to obtain other permanent housing.