

**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.

<b>RECORDKEEPING REQUIREMENTS</b>	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; <b>and</b> : <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; <b>and</b> <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><b>For victim service providers:</b></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><b>For non-victim service providers:</b></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.