



**ENDING
HOMELESSNESS
IN MARYLAND.**

TOGETHER.

**Documentation
Requirements**



**MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE**

Documentation: Key Considerations



- **NOT about filling out forms:** about proving that client meets the homeless definition and eligibility requirements



- **Takes time:** use an “as-needed” approach to help manage caseloads, don’t get documentation that isn’t necessary for the client’s likely housing outcome

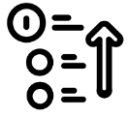


- **Prioritize:** documents that have duplicate uses in the system
 - SSI award letter can be proof of income, disability, and can substitute as a client’s SSI card

Categories of information requested



- **Reporting:** for grant requirements or data reporting
 - Examples: race, ethnicity, LGBT status



- **Prioritization:** to determine which clients have the highest need
 - Example: SSM, length-of-time homeless



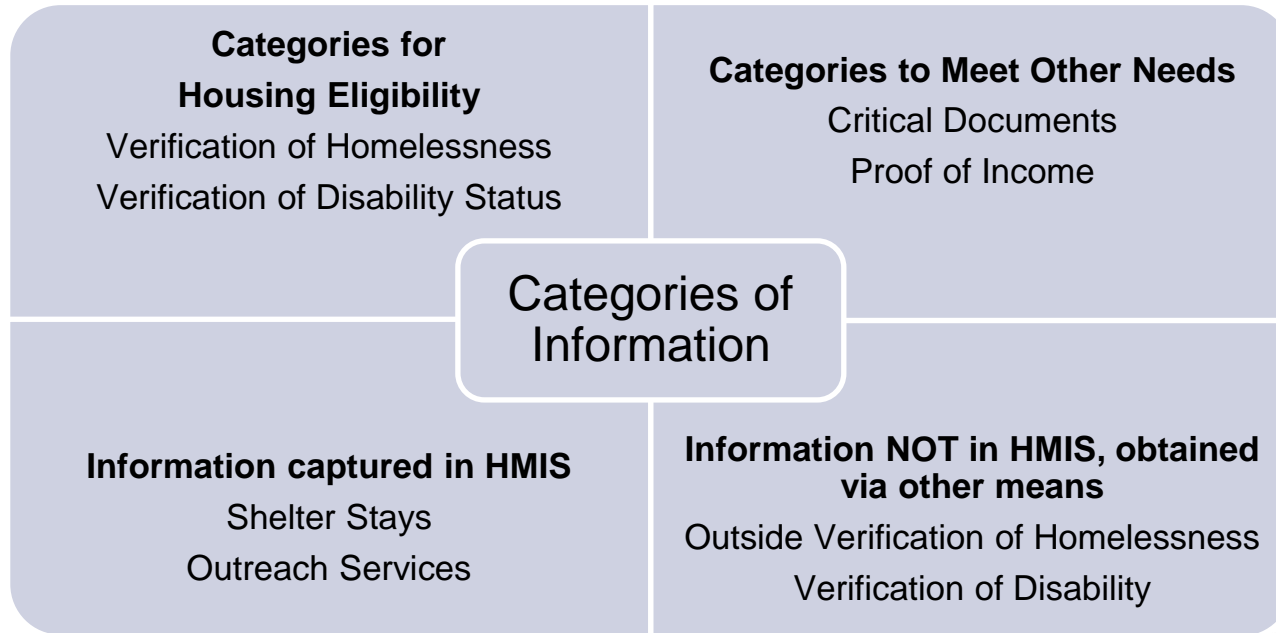
- **Eligibility:** to determine what resources the client qualifies for
 - Examples: proof of homelessness, disability verification



- **Case Management:** to help case managers make matches and put together plans
 - Examples: Vitals, employment history, criminal history



Categories of Information



Defining Homelessness

1	Literally Homeless	Individual or family who lacks a fixed, regular, and adequate nighttime residence
2	Imminent Risk of Homelessness	Individual or family who will imminently lose their primary nighttime residence
3	Homeless under other Federal statutes	Unaccompanied youth under 25 years of age, or families with children and youth, who do not qualify as homeless under this definition, but are defined as homeless under other federal statutes
4	Fleeing/ Attempting to Flee DV	Any individual or family who is fleeing, or is attempting to flee, domestic violence

Defining Disability

Expected to be long-continuing or of indefinite duration, that:

A Disabling
Condition is

Substantially impedes the individual's ability to live independently

Could be improved by the provision of more suitable housing conditions

And

Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury

Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); **or**

Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome



Defining Disability

Typically,
but not
always,
one of the
following
conditions

Substance use disorder

Serious mental illness

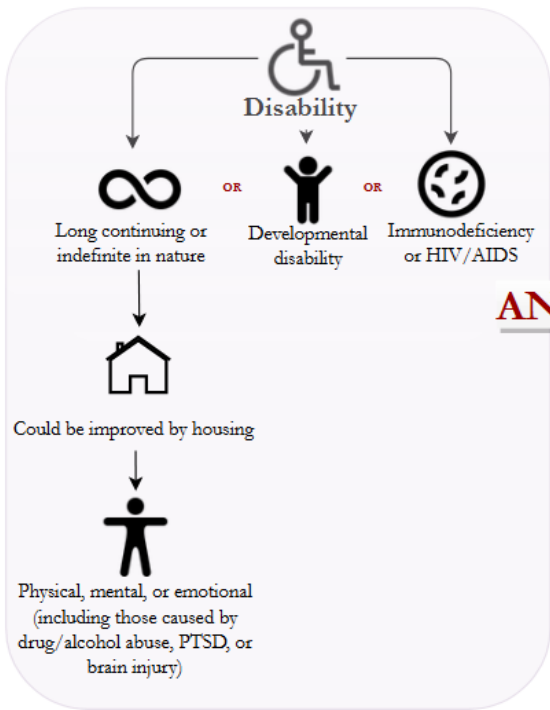
Developmental disability

Post-traumatic stress disorder

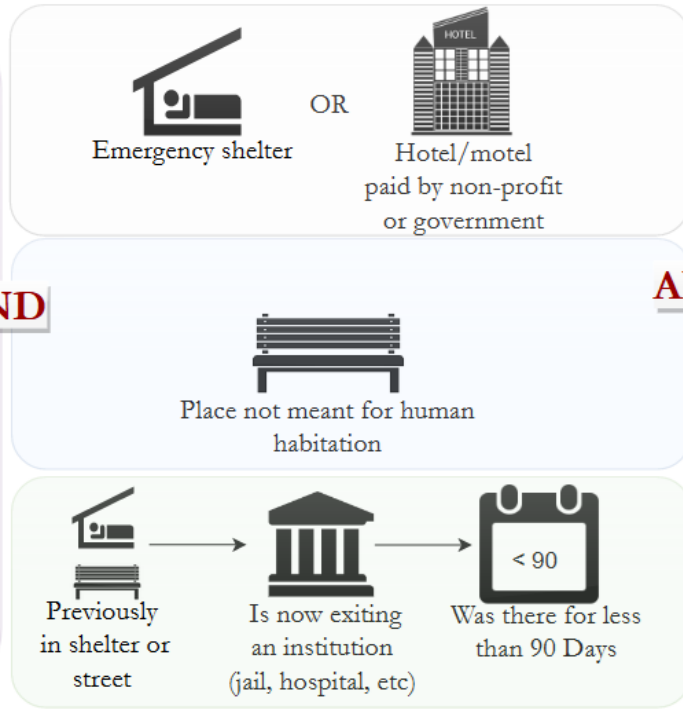
Cognitive impairments resulting from brain injury

Chronic physical illness or disability

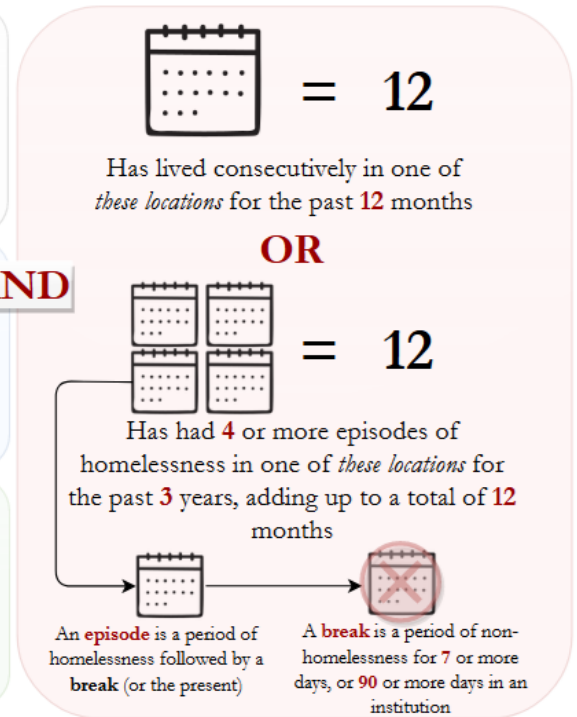
Disabling Condition



Currently Residing



Previously Residing



Chronically Homeless


(Head of Household Only)

Rapid Rehousing: Homeless Verification



- Eligibility Verification:** **Cannot match** client to housing without
- a. 3rd-Party verification of homelessness
- 2. Important Documents:** **Possible** to match client to housing without, but will almost always be necessary to find a landlord, cannot deny
- a. Proof of income
 - b. Vitals (ID, BC, SSA)
- 3. Case Management Documentation:** **Not** required for housing, but will be very helpful for the matcher to help find suitable unit and advocate
- a. Criminal history
 - b. Credit score
 - c. Housing preferences
 - d. Reasonable accommodation needs
 - e. Transportation needs

Permanent Supportive Housing: CH Verification

-  **Eligibility Verification: Cannot match** client to housing without
 - a. Verification of homelessness
 - b. Verification of disability
- 2. Important Documents: Possible** to match client to housing without, but will almost always be necessary to find a landlord
 - a. Vitals (ID, BC, SSA)
 - b. Proof of income
- 3. Case Management Documentation: Not** required for housing, but will be very helpful for the matcher to help find a suitable unit
 - a. Criminal history
 - b. Credit score
 - c. Housing preferences
 - d. Reasonable accommodation needs
 - e. Transportation needs

Documentation Priority Order

- 1. HMIS / Comparable Database Records**
- 2. Third Party Verification**
 - Written Observation by Outreach or Intake Worker*
 - Written Observation by Community Member*
- 3. Participant Self Certification**

Verification of Homelessness: HMIS

HMIS / Comparable Database Records

- a. Must contain clients full Name and Date of Birth
- b. If **Entry-Exit Shelter or Transitional Housing** (no daily renewals), record must show:
 - i. Entry date to shelter
 - ii. Exit date, none if current
- c. If **Night-by-Night Shelter** (daily renewals), records must show:
 - i. Shelter enrollment date
 - ii. Exit date, none if current
- d. If **Street Outreach/Drop-in Center**, records must show:
 - i. Service dates
 - ii. Service location
 - iii. Current living location



Verification of Homelessness: Third Party

Third Party Verification: Written Observation from Outreach / Intake Worker / Community Member

Written Observation Must Contain, at a Minimum:

- Participant name and household information
- Location where participant was observed experiencing homelessness
- Dates homelessness occurrences were observed
- Staff/Community member name, organization, contact information

Written Observation Options:

- Letter on agency letterhead
- [BoS CoC Third Party Verification of Homelessness Form](#)

Verification of Homelessness: Self Certification

Self-Certification of Homelessness

Certification must include, at a minimum:

- Participant name and household information
- Location / description of where participant experienced homelessness
- Dates homelessness occurred

Self Certification Options:

- Written letter
- [BoS CoC Self Certification of Homelessness Form](#)

Note: Participants can only self-certify up to 9 months of homelessness

Verification of Homelessness: Category 4

Victim Service Providers:

- An oral statement by the individual or head of household which states: they are fleeing, they have no subsequent residence, and they lack resources to obtain housing
- The oral statement must be documented by either a self-certification or a certification by the intake worker that states that the applicant is fleeing DV, that they have no subsequent residence identified and that they lack the resources to obtain housing

Non-Victim Service Providers:

- A self-certification from the individual or head of household that states: they are fleeing, that they have no subsequent residence and they lack resources to obtain housing; **AND**
- Where the safety of the individual or family is not jeopardized, the self-certification must be verified by a written observation by the intake worker or a written referral by third party
 - The third party can be a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking
 - The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking
 - If it would jeopardize the applicant's safety to obtain a written observation or referral, this should be documented in the client's file
- BoS CoC Domestic Violence Certification Form

Differences between PSH and RRH

Rapid Rehousing

- a. Only need verification of current homelessness
- b. 1 date within the past 30 days

Permanent Supportive Housing

- a. Need 1 date per month for 9 of the required 12 months
- b. A separate homeless history log to confirm that the client met the consecutive or episodic requirements
- c. Verification of disability status

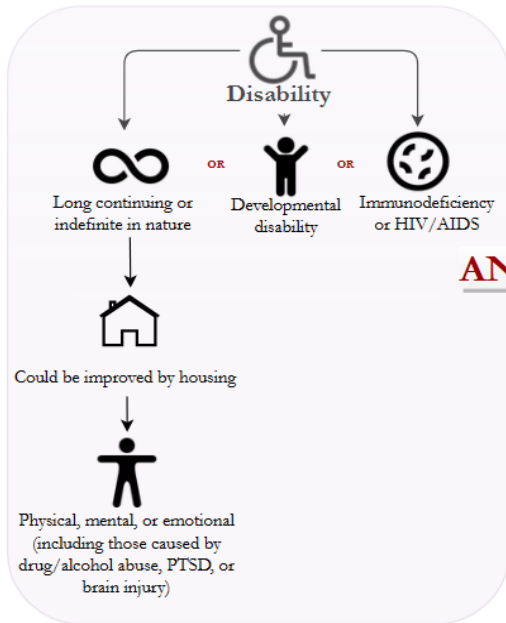
Verification of Disability Status

Documenting Disability Status

1. Letter from healthcare provider licensed to treat or diagnose disabling condition
1. Written verification from the Social Security Administration
1. Receipt of a disability check (SSDI / VA)
1. BoS CoC Verification of Disability Form

Verification of Disability Status

Disabling Condition



IMPORTANT NOTES:

- Never include in disability verification include the actual condition that the client has
- If client's disability is relevant for case management purposes, share that information in a separate setting or a case note with the client's consent
- Disability verification is for proving the client's eligibility for HUD audit purposes, NOT for planning

Verification Forms: Upload!

BoS CE Critical Documents Uploads

Start Date * 01 / 01 / 2023

End Date

Doc Type * -Select-

Notes

- Select-
- Birth Certificate
- DD-214
- Income
- Other (please describe in "Notes" below)
- Photo ID (State or Passport)
- SSI/SSDI Benefit Statement
- SSN Card
- Verification Of Disability
- Verification of Homeless Episodes Not in HMIS

Print Recordset Save Save and Add Another Cancel

All forms related to verification of homelessness or disability status should be uploaded in the participant HMIS profile!

Document Collection

Documentation ensures participant eligibility prior to referral and project enrollment!

- Who in the LHC is already collecting this information?
- Who can/should collect the documentation?
- When is the documentation being collected?
- Who can upload forms into HMIS?