

Homeless Verification and Documentation Reference Sheet

The U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless:

A *chronically homeless individual* is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the *chronically homeless* definition, the individual also must have been living as described above continuously for at least 12 months, or on 4 separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. *Chronically homeless families* are families where the head of the household meets the definition of chronic homelessness.

Eligibility Criteria: A client must meet one of the following homeless time requirements and have a verification letter that documents a programs interaction with a client during that period (at least one contact a month).

12-month continuous criteria:	4 Occasions in 3 Years that total 12 months criteria:
At least 12 continuous months homeless time, in a place not meant for human habitation, or a safe haven, or an emergency shelter or in an institutional care facility (stays in institutional care for less than 90 days).	At least four separate occasions in the last three years where, combined, the total time equals at least 12 months of homelessness. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in shelter, or in safe haven.
<p>Example of homeless occasions for a client that meet criteria above:</p> <p>1/01/20 – 4/30/20 in DHS shelter</p> <p>5/01/20 – 6/30/20 in hospital (under 90 days)</p> <p>7/01/20 – 9/30/20 in DHS shelter</p> <p>10/01/20 – 12/31/20 in street (HVL required)</p>	<p>Example of homeless occasions for a client that meet criteria above:</p> <p>1/01/18 – 4/30/18 in DHS shelter (4 months) - 1 occasion</p> <p>5/01/18 – 12/31/18 in hospital (over 90 days)</p> <p>1/01/19 – 4/30/19 in DHS shelter (4 months) – 2 occasions</p> <p>5/01/19 – 9/30/19 in jail (over 90 days)</p> <p>10/01/19 – 10/31/19 in DHS shelter (1 month) – 3 occasions</p> <p>11/01/19 – 9/30/20 in hospital (over 90 days)</p> <p>10/01/20 – 12/31/20 in DHS shelter (3 months) – 4 occasions</p>

For the complete definition of HUD chronically homeless go to:

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

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Homeless service providers that are engaged with unsheltered households and directly observing their homeless situation will follow the instructions below to provide homeless verification letters for the NYC Supportive Housing Application. The verification process through direct observation of the unsheltered household is the preferred standard.

Providers that can provide documentation of direct observation of street homelessness:

- Shelter Casework Teams
- Street Outreach Support Team
- Drop-In Center staff
- Soup Kitchen, Food Pantry, or other community or faith-based service provider

Complete Documentation of direct observation of street homelessness must include the following:

- Be on agency letterhead
- Dated
- Locations of where client was observed to be homeless
- Name and title of staff attesting to agency's homeless assistance
- Initial engagement with client
- Location of engagement with client
- Services provided to client and the dates they were provided
- A complete timeline of interactions/engagement with the client (**at least one contact monthly**)
- Detailed observations/ interactions that specifically speak to a client's living situation
- Include dates of when client has been institutionalized – jail/prison, hospital, SUD inpatient, and/or nursing home, if known and/or available

Note: Shelter programs such as HRA DV, HPD, and privately operated shelters must provide documentation of shelter stay information in a verification letter on agency letterhead, dated, with name of shelter program, name and title of staff attesting to stay information, and period of shelter stay. **For HRA DV shelter programs, do not include the address or location of the program.**

The sample letters below provide examples of homeless verification letter for direct observation of street homelessness. Please note that these are examples and are not intended to encompass all documentation requirements.



Homeless Verification and Documentation Reference Sheet

**XYZ Street Outreach Team
123 Avenue A
New York, NY 10000
(212) 123-4567**

October 12, 2021

To Whom it May Concern:

John Doe was first engaged by XYZ Street Outreach Team on 4/1/19, in the area of 14th Street and 1st Avenue. Client was added to caseload on 6/15/19, and has consistently been observed bedded down on 14th Street between 1st Avenue and Avenue C.

I am a street outreach case manager at XYZ Street Outreach Team and know John Doe to be without a stable place to live and has been street homeless since the date of engagement listed. Below are the dates of observation on street for John Doe:

- | | |
|--|--|
| 4/1/19 -area of 14 th Street and 1 st Ave | 2/20/20-area of 14 th Street and 1 st Ave |
| 5/10/19 -area of 14 th Street and 1 st Ave | 3/16/20-area of 14 th Street and 1 st Ave |
| 6/30/19 -area of 14 th Street and 1 st Ave | 4/26/20-area of 14 th Street and 1 st Ave |
| 7/01/19-area of 14 th Street and 1 st Ave | 5/19/20-area of 14 th Street and 1 st Ave |
| 8/31/19-area of 14 th Street and 1 st Ave | 6/10/20-area of 14 th Street and 1 st Ave |
| 9/20/19-area of 14 th Street and 1 st Ave | 7/18/20-area of 14 th Street and 1 st Ave |
| 10/30/19-area of 14 th Street and 1 st Ave | 8/31/20-area of 14 th Street and 1 st Ave |
| 11/18/19-area of 14 th Street and 1 st Ave | 9/01/20-area of 14 th Street and 1 st Ave |
| 12/25/19-area of 14 th Street and 1 st Ave | 10/08/20-area of 14 th Street and 1 st Ave |
| 1/17/20-area of 14 th Street and 1 st Ave | |

Best Regards,

(insert signature)

Jane Worker
Street Outreach Case Manager

Homeless Verification and Documentation Reference Sheet

**Food at First
126 Avenue A
New York, NY 10000
(212) 124-4587**

October 15, 2021

To Whom it May Concern:

I am writing this letter as verification of homelessness for John Doe. I am the Program Director at Food at First, a soup kitchen housed in First United Church, open for lunch and dinner seven days a week. Mr. Doe visited our soup kitchen for dinner on the nights of 8/16/2021 and 9/3/2021. At both visits he had all of his belonging with him and stated he was staying on 14th street between 1st Avenue and Avenue C. I believe to the best of my knowledge based on professional judgement that Mr. Doe was living on the street on both occasions. Mr. Doe learned about Food at First from other individuals experiencing homelessness who also reside in the local park and are regularly served by our soup kitchen.

Please contact me at (212) 124-4587 with any further questions.

Sincerely,

(insert signature)

Jane Director
Program Director

Homeless Verification and Documentation Reference Sheet

Human service professionals that have regular contact and provide services to unsheltered households must attempt to obtain homeless verification from a homeless service provider. If this is not provided, attempts to obtain that verification must be documented and an attestation based on the professional's best judgment that the household is living in a place not meant for human habitation must be included in the letter. Additionally, below instructions must be followed by the professional that does not have direct observation of the unsheltered household.

Complete documentation for human service professional's verification of self-reported occasions of unsheltered homelessness must include:

- On agency letterhead
- Dated
- Explanation of why a human services provider is writing a letter of verification as opposed to a homeless service provider
- Locations of where client reports to be homeless
- Name and title of individual certifying the client's report
- Initial engagement with client
- Location of engagement with client
- A complete timeline of interactions/engagement with the client
- Detailed observations/ interactions that specifically speak to a client's living situation
- Include dates of when client has been institutionalized – jail/prison, hospital, SUD inpatient, and/or nursing home, if known and/or available
- **Attestation that the information included in the letter is accurate to the best of your knowledge**

When submitting a Homeless Verification letter, the human service professional must include documentation of attempts to obtain direct observation verification.

The sample letter below provides an example of a homeless verification letter for human service professionals that are verifying the client's report of experiencing unsheltered homelessness. Please note that this is an example and is not intended to encompass all documentation requirements.



Homeless Verification and Documentation Reference Sheet

**XYZ Hospital
124 Avenue A
New York, NY 10000
(212) 124-4567**

October 20, 2021

To Whom it May Concern:

John Doe is a regular patient of mine and has been into the emergency room at XYZ Hospital between five and ten times each month over the last four months. I spoke to the homeless coordinator at the hospital who confirmed that Mr. Doe is not in contact with any street outreach programs in the area. Mr. Doe has told me that he sleeps on 14th Street between 1st Avenue and Avenue C, five blocks away from XYZ hospital.

Below is a complete record of the dates that Mr. Doe came into the emergency room:

Date of Contact	Place of Contact	Client Report
07/21/2021-7/25/2021	XYZ Hospital	Street homeless
08/09/2021	XYZ Hospital	Street homeless
09/01/2021	XYZ Hospital	Street homeless
10/08/2021-10/10/2021	XYZ Hospital	Street homeless

Please contact me with any further questions.

I attest to the best of my knowledge the information and observations on my client's homeless situation provided in this letter is accurate.

Best Regards,

(insert signature)

Dr. Jane Doctor
Doctor at XYZ Offices