

CHRONIC HOMELESSNESS CERTIFICATION

This document may be used to analyze whether or not an individual or family meets the definition of chronic homelessness. Documentation must be attached to verify status.

ESG Applicant Name: _____

- Household without dependent children (complete one form for each adult in household)
 Household with dependent children (complete one form for each adult in household)
 Number of persons in the household: _____

Applicant or head of household has the following disability based on the condition(s): (check all that apply)

- A diagnosable substance abuse disorder
 A serious mental illness
 A developmental disability
 A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

AND

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter

AND

Has been:

- Living as described above for at least 12 months **or**
 Lived as described above on at least 4 separate occasions in the last 3 years, where the combined occasions equal at least 12 months and each break in homelessness lasted at least 7 nights **or**
 Living in an institutional care facility for fewer than 90 days and met all of the criteria above (including 12 total months of literal homelessness) before entering that facility

**Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

Time Period Beginning	Time Period End	Number of Days	Location of Stay	Documented?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
		Total days		

Based on this summary, I certify that the client: is chronically homeless is not chronically homeless.

ESG Staff Signature: _____ Date: _____