

**VERIFICATION OF HOMELESSNESS  
STREET OUTREACH**

Participant Name:	Participant HMIS #:	ESG Project Entry Date:

**Instructions:** Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

**CATEGORY 1: LITERALLY HOMELESS**

Housing Status	Documentation Attached
<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) <b>AND</b> Unwilling or unable to access services in emergency shelter	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) <b>OR</b> <input type="checkbox"/> Completed DCA Staff Certification form (2 <sup>nd</sup> priority) <b>OR</b> <input type="checkbox"/> Completed DCA Self Certification form (3 <sup>rd</sup> priority)

**CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE**

Applicants fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence must also meet the criteria for CATEGORY 1: LITERALLY HOMELESS to qualify for street outreach services.

Complete the section above for CATEGORY 1: LITERALLY HOMELESS. Victim status must be included on documentation for CATEGORY 1: LITERALLY HOMELESS.

**CHRONIC HOMELESS INFORMATION**

Does the individual or head of household meet all of the following criteria:

- Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, **where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total)** in a place not meant for human habitation, a safe haven, or an emergency shelter;  
**AND**
- Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

Does the applicant meet both criteria for Chronic Homelessness?

- Yes\*
- No

**\*If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self-Statement of Chronic Homelessness, with any applicable backup documentation.**

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_