

# Emergency Shelter Hotel-Motel Vouchers

ESG 2017-2018



## Emergency Shelter Overview

- **Emergency shelter** - facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

## Hotel-Motel Vouchers Overview

- ❑ Eligible ESG cost under the Emergency Shelter component
- ❑ Hotel or motel voucher may be provided where no appropriate emergency shelter is available
- ❑ Must have a direct connection to a program providing permanent housing placement
- ❑ Generally limited to 30 days

## Emergency Shelter Best Practices

- ❑ Emergency shelters will be the front door to the Coordinated Entry system in many communities
- ❑ Emergency shelter is not considered the ideal place for intensive therapeutic interventions
- ❑ Low-barriers to project entry and participation
- ❑ Focus on permanent housing placement through linkages to the widest possible range of permanent housing options and programs
- ❑ Move people to permanent housing solutions as quickly as possible

## BoS Written Standards for Shelters

- ❑ Shelters should have expedited admission processes, to the greatest extent possible
- ❑ Shelters should not require, upon admission, that residents have IDs or be entered into HMIS
- ❑ Shelters should not require any fees

## Eligibility for Services

- ❑ Individuals and families defined as Homeless under the following categories are eligible:
  - ❑ Category 1 – Literally Homeless
  - ❑ Category 2 – Imminent Risk of Homeless
  - ❑ Category 3 – Homeless Under Other Federal Statutes (only with explicit DCA permission)
  - ❑ Category 4 – Fleeing/Attempting to Flee DV

## Homeless Verification

### CATEGORY 1

An individual or family who lacks a fixed, regular, and adequate nighttime residence.

- **Third party written:** A written referral or official communication from another housing or service provider. Third party written documentation must be on official agency stationery, and must be signed and dated by an appropriate agency representative.
  - **Alternate requirement:** Third party verification may be documented on DCA Third Party Verification form if not otherwise available.
- Completed DCA Staff Certification of Homelessness form documenting oral third party statement or staff observations
- Completed DCA Self Certification of Homelessness form

## Homeless Verification

### CATEGORY 1

Exiting an institution where he or she resided for 90 days or less and fit the above criteria immediately prior to entering:

- One of the forms of evidence on the previous slide, **and** ONE of the following:
  - Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker on the DCA Staff Certification of Homelessness form; **or**
  - (B) Where the evidence listed above in (A) is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in (A) and a certification by the individual seeking assistance that states he/she is exiting or just exited an institution where he/she resided for 90 days or less. This is documented on the DCA Self Certification of Homelessness form.

## Homeless Verification

### CATEGORY 2

An individual or family who will imminently lose their primary nighttime residence provided for whom:

- ❑ A court order resulting from an eviction action that requires the individual or family to leave their residence **within 14 days** after the date of their application for homeless assistance **OR**
- ❑ The equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law.  
**AND**
- ❑ DCA Staff Certification, DCA Self Certification of Homelessness, or other written documentation stating that the individual/family lacks financial resources and support, and has not identified a subsequent residence

## Homeless Verification

### CATEGORY 2

For applicants whose primary nighttime residence is a hotel or motel room **not** paid for by charitable organizations or federal, state, or local government programs:

- ❑ Evidence that the individual or family lacks the resources necessary to reside there for **more than 14 days** after the date of application for homeless assistance **OR**
- ❑ An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than **14 days** after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible on the DCA Staff Certification of Homelessness form.
- ❑ To be found credible, the oral statement must:
  - ❑ Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance **and**
  - ❑ Be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement

## Homeless Verification

### CATEGORY 2

If the intake worker is unable to contact the owner or renter:

- ❑ The intake worker must provide written documentation certifying that he/she performed due diligence in attempting to obtain verification and written certification that the applicant's statement was true and complete.
- ❑ Certification by the individual or head of household that no subsequent residence has been identified; **and**
- ❑ Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

## Homeless Verification

### CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, has no other residence; **and** Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing:

- ❑ If services are provided by a victim services provider:
  - ❑ DCA Staff Certification of Homelessness **or**
  - ❑ DCA Self Certification of Homelessness
  - ❑ Third party documentation (law enforcement, referrals, etc.) should be obtained whenever possible

# Homeless Verification

## CATEGORY 4

- ❑ If services are not provided by a victim services provider:
  - ❑ DCA Staff Certification of Homelessness **or**
  - ❑ DCA Self Certification of Homelessness
  - ❑ Where the safety of the individual/family is not jeopardized, the client's statement must be verified by the intake worker or a written referral.

# DCA Housing Status Verification Form

| Georgia Department of Community Affairs   |   |   |
|---|---|---|
| VERIFICATION OF HOMELESSNESS  |   |   |
| EMERGENCY SHELTER, HOTEL/MOTEL VOUCHERS, SUPPORTIVE SERVICES ONLY   |   |   |
| Participant Name:   | Participant HMIS #:   | ESG Project Entry Date:   |
| ESG Program Type for which Homelessness is Being Certified  |   |   |
| <input type="checkbox"/> Emergency Shelter <span style="float: right;"><input type="checkbox"/> Supportive Services Only</span>   |   |   |
| <input type="checkbox"/> Hotel/Motel Vouchers   |   |   |
| <b>Instructions:</b> Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant. 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)  | <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Staff Certification form (2 <sup>nd</sup> priority)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Self Certification form (3 <sup>rd</sup> priority)  |   |
| <input type="checkbox"/> Living in a shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by a charitable organization or government program)   | <input type="checkbox"/> Written referral from previous shelter staff, charitable organization, or government program (either on referring agency stationery or DCA Third Party Verification form)<br><b>OR</b><br><input type="checkbox"/> HMIS shelter record<br><b>OR</b><br><input type="checkbox"/> Completed DCA Staff Certification form (2 <sup>nd</sup> priority)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Self Certification form (3 <sup>rd</sup> priority)                    |   |
| <input type="checkbox"/> Exiting an institution where the applicant resided for 90 days or less and resided in a place not meant for human habitation immediately before entering the institution   | <b>Documentation must include one item from each column below:</b><br><b>Homeless Status Prior to Institution</b><br><input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Staff Certification form (2 <sup>nd</sup> priority)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Self Certification form (3 <sup>rd</sup> priority) | <b>Institutional Stay Documentation</b><br><input type="checkbox"/> Discharge paperwork, written referral from institution, or DCA Third Party Verification form showing dates of institutional stay<br><b>OR</b><br><input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2 <sup>nd</sup> priority)<br><b>OR</b><br><input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3 <sup>rd</sup> priority) |

## Homeless Verification

HUD prefers this order for homeless verification:

1. Third Party verification
  - ❑ Written, including documents already available
  - ❑ Oral
2. Intake Staff Observations
3. Self-Certification (with staff certifying due diligence)

## Written Third Party Verification

- ❑ Written verification from a third party must be an official communication on agency stationery from a housing or homeless services provider.
- ❑ The written communication must be signed and dated by an appropriate agency representative.
- ❑ If the verification is from an emergency shelter, the shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).
- ❑ If the certification is for unsheltered homelessness, the certifying agency must be recognized by the local CoC as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)



## DCA Third Party Written Homeless Verification

Georgia Department of Community Affairs

**THIRD PARTY WRITTEN HOMELESS VERIFICATION**

If documentation on agency stationery is not available, this document may be used by housing and service providers such as emergency shelters, transitional care facilities, police officers, business owners, etc. To document the housing status of a homeless applicant for DCA ESG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. Complete [Option 1](#) OR [Option 2](#).

**ESG Applicant Name:**

Individual without dependent children (complete one form for each adult household member)  
 Household with dependent children (complete one form for each adult household member)  
 Number of persons in the household: \_\_\_\_\_

**Option 1: Documentation of Stay at a Facility/Program**

**Verification of Stay:**  
 I certify that the above named individual(s) resided at our facility as follows:  
 Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_ or  Currently staying at facility/program

**Facility or Program Type:**  
 This facility or homeless service program is classified as one of the following:  
 Emergency shelter  
 Transitional Housing  
 Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)  
 Other (describe): \_\_\_\_\_

Verifying emergency shelter must appear on the DCA's Housing Inventory Chart submitted as part of the most recent Local Homeless Assistance application to HUD or otherwise be recognized by the DCA as part of the DCA inventory (e.g. newly established Emergency Shelter).

**Option 2: Documentation of Unsheltered Living Situation**

I certify that the above named individual(s) were currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus station, airport, or camp ground).

Description of current living situation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, health care for the homeless, etc.)

**Verifying Agency/Person**  
 I certify that the information documented above is true and accurate.

|                     |                      |
|---------------------|----------------------|
| Printed Name: _____ | Signature: _____     |
| Date: _____         | Title: _____         |
| Organization: _____ | Address: _____       |
| Phone: _____        | Email Address: _____ |

- This form is required for third party written verification when sufficient written verification is not otherwise available.

## Lack of Third Party Documentation

- Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

# DCA Staff Certification of Homelessness and Domestic Violence

- This form is required for homeless certification by oral third party statements or staff observation.

| Georgia Department of Community Affairs   |  |
|---|--|
| <b>STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE</b>  |  |
| <p>This document is required for DCA ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. Complete <a href="#">Option 1</a> OR <a href="#">Option 2</a>.</p>   |  |
| <p><b>ESG Applicant Name:</b></p> <p><input type="checkbox"/> Individual without dependent children (complete one form for each adult household member)</p> <p><input type="checkbox"/> Household with dependent children (complete one form for each adult household member)</p> <p>Number of persons in the household: _____</p>  |  |
| <b>Option 1: Third Party Oral Verification</b>  |  |
| <p>I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Hence I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.</p> <p>Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (relevant Third-Party Representative).</p> <p>Verification of homelessness was provided:</p> <p><input type="checkbox"/> Over the phone      <input type="checkbox"/> in person</p> <p>The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party documentation:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |  |
| <b>Option 2: Staff Observation Verification</b>   |  |
| <p>I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify the applicant's eligibility for ESG assistance:</p> <p>_____</p> <p>_____</p> <p>_____</p>   |  |

# DCA Self Certification of Homelessness and Domestic Violence

- This form is required for client self declaration of homelessness or domestic violence.

| Georgia Department of Community Affairs  |  |
|--|--|
| <b>SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE</b>  |  |
| <p>This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. <b>The entire form must be completed.</b></p>   |  |
| <p><b>ESG Applicant Name:</b></p> <p><input type="checkbox"/> Individual without dependent children (complete one form for each adult household member)</p> <p><input type="checkbox"/> Household with dependent children (complete one form for each adult household member)</p> <p>Number of persons in the household: _____</p>   |  |
| <b>Self-Certification</b>  |  |
| <p><b>ESG applicant check only one:</b></p> <p><input type="checkbox"/> I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).</p> <p><input type="checkbox"/> I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a safe haven residence, and lack the resources or support networks, (e.g. family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized).</p> <p><input type="checkbox"/> I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.</p> <p>I certify that I have insufficient financial resources and support networks, e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.</p> <p>ESG Applicant Signature: _____ Date: _____</p> |  |
| <b>ESG Staff Due Diligence</b>   |  |
| <p>I understand that third party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.</p> <p>Documentation of attempts made for third party verification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ESG Staff Signature: _____ Date: _____</p>  |  |





## ES Eligible Activities

### CASE MANAGEMENT

- Using the centralized/coordinated assessment system
- Conducting the initial evaluation required under including verifying and documenting eligibility
- Counseling
- Developing, securing, and coordinating services and obtaining Federal, State, and local benefits
- Monitoring and evaluating project participant progress
- Providing information and referrals to other providers
- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking, developing an individualized housing and service plan, including planning a path to permanent housing stability.

## ES Eligible Activities

Child care  
 Education services  
 Employment assistance and job training  
 Legal services  
 Mental health services  
 Life skills training  
 Outpatient health services  
 Substance abuse treatment services  
 Transportation  
 Operations

## Family Separation

### Preventing Involuntary Family Separation in Emergency Shelters

**576.102 (b) Prohibition against involuntary family separation.**

The age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.

- ❑ Providing a hotel/motel stay is not an appropriate substitute

## Family Separation

- ❑ HUD regulations prohibit shelters from denying access to families based on the age of a child.
  - ❑ Includes methods of treating families differently based on age of a child, i.e., placing a family with teenage boy in hotel/motel, not allowing the family to remain on-site
- ❑ ALL emergency shelters and transitional housing facilities will comply with this requirement.
- ❑ All ES and TH projects must comply with new discrimination regulations also

## ES Performance Measures

For each project, performance will be measured based on the following standards:

1. An overall bed utilization rate of 80%.
2. The average length of stay of the households served should be ideally 30 days or less.
3. An increase in the percentage of discharged households that secure permanent housing at exit each year.
4. An increase in the percentage of households that increase cash and non-cash income during project enrollment.

## Compliance

- Shelter and Habitability Standards should be inspected and forms completed upon contract execution.
- Compliance team will schedule visits to conduct on-site reviews.
- Environmental reviews are conducted for your shelter during the contracting process.



# Questions?

Thank You!



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