



**Harris County Community Services Department
Continuum of Care (CoC) Homeless Status Checklist**

Participant Name: _____

Agency Name: _____

LIVING SITUATION UPON ASSESSMENT for PSH (check one):

<i>Living Situation</i>	<i>Definition</i>	<i>Documentation Required (attach to this checklist)</i>
<p>Chronically Homeless</p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; <u>and</u> has been living in one of these places continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months; <u>or</u> An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria above before entering that facility; <u>or</u> A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria above 	<ul style="list-style-type: none"> First Priority – Third party documentation; <u>or</u> Second Priority – Intake or outreach worker observations; <u>or</u> Third Priority – Certification from the person seeking assistance and a written record of the intake worker’s due diligence in attempting to obtain evidence as described above (<i>limited to 25% of all intakes</i>)
<p>If there are no chronically homeless applicants presenting for PSH, then the below is acceptable.</p>		
<p>Literally Homeless</p> <p align="center"><input type="checkbox"/></p>	<ul style="list-style-type: none"> Has a primary nighttime residence that is a public or private place not meant for human habitation; Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution 	<ul style="list-style-type: none"> Written observation by the outreach worker; <u>or</u> Written referral by another housing or service provider; <u>or</u> Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in a shelter; <p>For individuals exiting an institution – one of the forms of evidence above <u>and</u>:</p> <ul style="list-style-type: none"> Discharge paperwork <u>or</u> written/oral referral, <u>or</u> Written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution

Certification by Sponsor Agency Staff and Applicant: We certify that the information presented above is true and accurate. Required documentation (as identified above) is attached.

Printed name, title and signature of Sponsor Agency Representative

Date

Signature of Applicant

Date