

Greenville Community Shelters, Referral Form

Referring Agency Name _____

Referring Contact Name _____ Phone# _____

Date of Referral: _____ Expected Date of Discharge _____

Name: _____ SS # _____ DOB _____

County of Residence _____ Gender _____ Has this person stayed at GCS before: Y ___ N ___

Reason for Hospitalization: _____

Diagnosis & Prognosis: _____

List Current Medications: _____

Aftercare Appointments: _____

Does the individual have any limitations preventing them from performing daily chores? ___yes ___no
If yes please explain _____

Has This Person Ever Been Convicted of a Felony? ___yes ___no Is this person a sex offender? _____

If yes please explain: _____

Does the individual have a source of income? _____yes _____no amount _____ per _____

If yes please explain: _____

List any special accommodations / physical limitations that are needed for this person: _____

Please Contact the Case Manager at the Emergency Shelter For Approval

Note: All Beds Are Twin Style With Bunks. Bed Availability is Not Guaranteed.

**Greenville Community Shelters, Inc.
Homeless Third Party-Verification**

I certify that _____ stayed at _____
(Client's Name) (Facility/ program Name)

For the following period of time: Entrance date _____ to discharge date _____.

Before coming to this facility, the homeless person resided at _____

Reason for homelessness _____

This facility is classified as one of the following types of facilities/ programs:

- | | |
|----------------------------|---------------------------------|
| _____ Emergency Shelter | _____ Mental Health Institution |
| _____ Transitional Housing | _____ Correctional Facility |
| _____ Permanent Housing | _____ Substance Abuse Facility |
| _____ Medical Institution | _____ Other: _____ |

Signature: _____ Date _____
(Signature of Facility Staff)

Title: _____ Phone _____

***** Note*** potential client must meet the definition of homelessness as provided by HUD. Please see attached reasoning for homelessness. Referral must be accompanied by third-party verification form and supporting documents of homelessness.**

HOMELESS/CHRONIC HOMELESS ELIGIBILITY CERTIFICATION GUIDE

In accordance with the McKinney –Vento Act, the following situations (listed below) constitute a homeless situation. They are the most typical types of homeless situations. If there are other situations that are not described here, contact the HUD Field Office for clarification.

Each claim of homelessness must be supported with appropriate documentation. The situations listed below have a number in parentheses which references on the following pages the specific documentation the homeless shelter is required to have on file for each person accepted for residency in the facility.

Also included at the end of this Guide is the definition of a **chronically homeless person**. Only *individuals* are considered chronically homeless. HUD does not recognize families as being chronically homeless.

It is imperative when making a referral to the homeless shelter that you have the proper supporting documentation to demonstrate that a person or family is **homeless** or that an individual is **chronically homeless**.

A person is considered homeless only when he/she resides in one of the places described below:

- **In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). (1 or 2)**
- **In an emergency shelter. (3)**
- **In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelter situation). (4)**
- **In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. (5)**
- **Is being evicted within a week (7 days) from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (6)**
- **Is being discharged within a week (7 days) from an institution, such as a mental health or substance abuse treatment facility in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (7)**
- **Is being released from prison/jail with no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing. (8)**
- **Is fleeing a domestic violence-housing situation, no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (9)**
- **Is living in substandard housing that has been condemned. (10)**

Please use the checklist below to make sure that the type of supporting documentation is provided at the time of referral so that it can be maintained in the participant's or other appropriate file at the homeless shelter:

1. **(Places Not Meant for Human Habitation) Certification form signed by the outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, or**
2. **Written statement prepared by the participant about the participant's previous living place (if unable to verify by outreach worker or service worker). Have the participant sign and date.**
3. **(Shelter) Referral agency certification that the participant has been residing on the street or at the emergency shelter (on agency letterhead, signed and dated).**
4. **Transitional housing certification (on agency letterhead, signed and dated) if the participant is residing at the transitional housing facility as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility (see above for required documentation).**
5. **Short-term institution (up to 30 consecutive days) certification from institution's staff verifying that the participant has been residing in the institution for 30 days or less. There should also be written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution.**
6. **Private dwelling eviction statement describing the reason for eviction (signed and dated by person evicting). No formal eviction is required. If unable to obtain an eviction statement, you must obtain a written statement signed and dated by the participant describing the situation. Outreach worker or service worker must document their efforts by providing a verification form documenting that they have made every effort to confirm that the circumstances are true and have written verification describing the efforts and attesting to their validity. The verification form should be signed and dated. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing.**
7. **Institution discharge (over 30 days) certification completed by institution staff stating that the participant was being discharged within the week before receiving SHP assistance. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing and that without the SHP assistance, the participant would be living on the street or in an emergency shelter.**
8. **Prison/jail release certification by staff stating that the person was released from prison with no residence identified and that the person lacks the resources and support networks needed to obtain housing.**
9. **Domestic violence statement from the participant that he/she is fleeing a domestic violence situation. If participant is unable to prepare a written statement, staff should prepare the statement about the participant's previous living situation and have the participant sign and date it. You must document that you have verified the income of the participant and certify that they lack the financial resources and support networks needed to obtain housing and that without the SHP assistance, the participant would be living on the street or in an emergency shelter.**
10. **Substandard housing that has been condemned requires an official condemnation notice.**

CHRONICALLY HOMELESS PERSON: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e., not transitional housing) during these stays.

NOTE: You will be expected to prove that the chronically homeless person has been “continuously” homeless for a year or more OR that the person has had the 4 episodes of homelessness in the past three (3) years. This documentation could be a certification (on letterhead) from an emergency shelter certifying that the person has been staying in a camp, street, car and sometimes in the emergency shelter for the last year as documented by outreach efforts or been a resident in their shelter at least 4 times during the past 3 years.

Also, you should have documentation related to the client’s disability. While we understand that you might not have or be able to get a Doctor’s diagnosis of disability, you must have some narrative documentation related to the disabling condition that most likely results in their chronic homelessness.