Documentation of Homelessness for Youth Homelessness Demonstration Programs

YHDP TH, RRH, and PSH programs serve youth who are literally homeless or fleeing violence.

- (Literally homeless means they're staying in a Shelter or a place not meant for human habitation.
- If someone is moving between Shelter, places not meant for habitation, family/friends, and unsafe/unstable situations, they can be considered literally homeless.
- Keing or attempting to flee domestic violence means they are experiencing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions AND have no other residence AND and lack resources or support to obtain other housing.
- Violence includes trading sex for housing; trafficking; physical, emotional, financial abuse; conflict that makes the youth unsafe; violence because of sexual orientation or gender identity; active drug use; gang or neighborhood violence directed to a youth at home; or other illegal activity putting the household at risk.

The easiest and clearest documentation of homelessness is the HMIS program history record.

- Content of the client in your program and enter them into your program in HMIS.
- On the programs tab, look for an open Shelter or Outreach program immediately prior to the client's enrollment into your program.¹
- (Make sure the client was open in Shelter or Outreach within <u>7 days</u> prior to enrollment into your program.
- Print the HMIS program history record or save it as a PDF <u>immediately</u>. Do not wait for a DCA or USHS
 application.

<u>Enrollment in CARR Team is not documentation of literal homelessness</u> because CARR Team also serves youth at risk of homelessness. For CARR Team clients, use the HMIS entry/exit record **AND** the Current Living Situation that CARR Team entered in HMIS. If the current living situation shows literal homelessness, file it with the HMIS entry/exit record. If it does not show literal homelessness, use the guidance below.

If the client was not open in a Shelter or Outreach program or CARR Team does not show literal homelessness within 7 days of enrollment into your program, you need additional documentation.

- 〈 If the client is unsheltered, ask an Outreach partner for a <u>Verification of Street Homelessness Form</u>.
- If the client is working with another provider, ask them for written certification of homelessness.
- If the client was in the hospital, jail/prison, or another institution for less than 90 days, ask the institution for written certification, including entry/exit dates and confirmation that the client was literally homeless when they entered.
- Clients can self-certify homelessness <u>as a last resort</u>, with documentation of attempts to get third-party documentation. Self-certification should be rare. It may be more common for those fleeing violence, since it may be unsafe to obtain documentation.

If a PSH or RRH program enrolls a client and they leave Shelter before they're housed, they're still eligible for PSH or RRH, even if they are staying with friends/family or in a hotel/motel. One of the documentation methods above is still required to show homelessness at enrollment. The temporary housing situation between Shelter and permanent housing should be limited to 30 days.

<u>YHDP CARR Team</u> serves youth who are literally homeless, youth fleeing violence, and youth at imminent risk of literal homelessness. For literal homelessness, use the above guidance. For imminent risk of homelessness:

- $\langle \quad \mbox{Evidence that they have no alternative, safe, and appropriate housing (client self-certification) \mbox{AND} \\$
- \langle Evidence that they have no other resources to obtain or maintain housing (client self-certification).

If you have an unusual situation and don't know how to document homelessness, please contact Aubre Jones (ajones@csb.org) and/or Heather Notter (hnotter@csb.org).

¹ "Enrollment" means that the relevant coordinated point of access referred the client to your program and you initiated or attempted to initiate intake.