

# Overview of *DedicatedPLUS*: Eligibility and Recordkeeping Requirements

Beginning in the FY2017 CoC Program NOFA, HUD began offering a new type of permanent supportive housing (PSH) called *Dedicated PLUS* in order to provide CoCs with a more flexible option to serve vulnerable populations and to more effectively and more immediately address the needs of persons experiencing chronic homelessness, at risk of experiencing chronic homelessness, or who were chronically homeless prior to being housed and who have recently become homeless again.

A *DedicatedPLUS* project is a permanent supportive housing (PH-PSH) project where the entire project will serve individuals and families where the head of household has a disability and who meet **any** of the following criteria at project entry (in any order):

1. Experiencing [chronic homelessness as defined in 24 CFR 578.3](#)<sup>1</sup>;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; **or**
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Recipients of CoC Program funding for permanent supportive housing (PSH) designated as *DedicatedPLUS* are required to document eligibility of all program participants served at the time of program enrollment. HUD requires that for all program participants assisted in a *DedicatedPLUS* project, recipients obtain the following documentation:

- Evidence that the head of household has a qualifying **disability** as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)).
- Evidence that the program participant is **currently** residing in a location that makes them eligible.
- **History** of homelessness that demonstrates that the household meets any of the *DedicatedPLUS* eligibility criteria.

Recipients of *DedicatedPLUS* projects are **not** required to follow the recordkeeping requirements included in the [final rule on Defining "Chronically Homeless"](#) except in those cases where the recipient has opted to designate a portion of units within the *DedicatedPLUS* project; for those beds **only**, the recordkeeping requirements in the final rule apply. For *DedicatedPLUS* generally, HUD expects recipients and

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<sup>1</sup> Recipients *may* choose to designate one or more of their *DedicatedPLUS* PSH units as dedicated, meaning that those units must exclusively serve persons experiencing homelessness. This is not required.

subrecipients to obtain as much third-party evidence as possible when documenting length of time homeless for program participants and encourages CoCs to adopt [local standards for DedicatedPLUS](#) projects that establish local policies and procedures, including what is considered due diligence for gathering third-party documentation.

### ***DedicatedPLUS Disability Requirement***

For *DedicatedPLUS* PSH, the qualifying household member must be an adult head of household or minor head of household when no adults are present. When there are multiple adults in the presenting household, or multiple minors in a family with no adult, HUD does not specify which adult or minor must be identified as head of household for determining eligibility purposes.

### ***Defining Disability***

HUD considers an individual to meet the disability requirement if:

1. The individual has a disability that:
  - (i) Is expected to be long-continuing or of indefinite duration;
  - (ii) Substantially impedes the individual's ability to live independently;
  - (iii) Could be improved by the provision of more suitable housing conditions; and
  - (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury.
  
2. A person will also be considered to have a disability if he or she has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):
  - (i) A severe, chronic disability of an individual that—
    1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
    2. Is manifested before the individual attains age 22;
    3. Is likely to continue indefinitely;
    4. Results in substantial functional limitations in three or more of the following areas of major life activity:
      - A. Self-care;
      - B. Receptive and expressive language;
      - C. Learning;
      - D. Mobility;
      - E. Self-direction;
      - F. Capacity for independent living;
      - G. Economic self-sufficiency; and
    5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
  - (ii) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental

disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting those criteria later in life.

3. A person will also be considered to have a disability if that person has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

### **Documenting Disability**

An individual's or head of household's qualifying disability must be documented by one of the following:

- Written documentation from a professional licensed by the state (e.g., completed Disability Verification Form) to diagnose and treat the disability that verifies the presence of one or more disabilities and certifies that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; or
- Written verification from the Social Security Administration (e.g., SSDI letter of award) that names the head of household as the person with the disability; or
- Evidence of the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation) with the head of household clearly identified as the individual with the disability; or
- Intake staff-recorded observation of disability, which must be supported with one of the acceptable forms of evidence noted above within 45 days following program intake; or
- Other documentation approved by HUD.

When an individual's or head of household's qualifying disability is HIV/AIDS, the only documentation required is a written verification from a professional licensed by the state to diagnose and treat HIV/AIDS. A certification that the condition is expected to be of long-continuing or indefinite duration and that it substantially impedes the individual's ability to live independently is not required.

The written disability documentation should be dated **at any point** during the timeframe in which the individual was experiencing homelessness *or* in one of the following circumstances: (1) while the household is residing in RRH but will need PSH and (2) while the household is residing in PSH and within 45 days of having been enrolled in the program.

HUD expects intake workers to use their professional judgment when assessing an individual's homeless status or eligibility, including documentation of disability.

### **Documenting Homeless Status and Length of Time Homeless for Dedicated PLUS**

When documenting homelessness, recipients and subrecipients must document both where the household is *currently* residing as well as their *history* of homelessness. The chart below provides an overview of each eligibility category as well as what forms of documentation would be acceptable for both current and prior living situations.

## **DedicatedPLUS Eligibility and Documentation**

1. Experiencing chronic homelessness as defined in 24 CFR 578.3

<b>Housing History Eligibility Requirement</b>	<b>Acceptable Forms of Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing<sup>2</sup></b> in a place not meant for human habitation, safe haven, or emergency shelter (herein referred to as “literally homeless”<sup>3</sup>) OR institution where they resided less than 90 days and had resided in a literally homeless location prior to entering institution; and,</li> <li>▪ Has continuously resided in a literally homeless location for at least the 12 months <b>OR</b> cumulatively over four occasions that totaled at least 12 months over the previous 3 years <b>prior to enrollment in <i>DedicatedPLUS</i></b> project.</li> </ul>	<p>Current Living Situation and Prior History</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul>

2. Residing in a transitional housing project that will be eliminated and met the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project.

<b>Homelessness Eligibility Standard</b>	<b>Acceptable Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing</b> in a transitional housing project that will be eliminated; <b>and,</b></li> <li>▪ Continuously resided in a literally homeless location for at least the 12 months <b>OR</b> cumulatively over four occasions that totaled at least 12 months over the previous 3 year <b>prior to intake and enrollment in the transitional housing project being eliminated.</b></li> </ul>	<p>Current Living Situation – Transitional Housing:</p> <ul style="list-style-type: none"> <li>▪ HMIS enrollment record or other written documentation (e.g., referrals letter from transitional housing provider) of current enrollment in the transitional housing project; <b>and,</b></li> <li>▪ Documentation regarding the elimination of the transitional housing project (e.g., a copy of CoCs reallocation charts if it was reallocated)</li> </ul> <p>History Prior to Entering Transitional Housing:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul>

<sup>2</sup> For documenting eligibility for HUD's Homelessness Assistance Programs, HUD expects recipients and subrecipients to develop reasonable intake procedures that allow them to serve households who are prioritized for the type of assistance they provide. Many providers require intake workers to document where the individual or family was residing immediately prior to intake to determine homeless status and eligibility. However, HUD would consider it reasonable for a recipient to establish a policy that considers where the individual or family had been residing for up to a week (or seven nights) prior to the day of enrollment.

<sup>3</sup> Literally homeless in this context is referring exclusively to a place not meant for human habitation, an emergency shelter, or a safe haven.

3. Residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted **and** enrolled in a PH project within the last year but was unable to maintain a housing placement and met the definition of chronic homeless prior to entering the project.

<b>Homelessness Eligibility Standard</b>	<b>Acceptable Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing</b> in literally homeless location OR institution where they resided less than 90 days and resided in a literally homeless location prior to entering institution; <b>and,</b></li> <li>▪ Had resided in a permanent housing project in which they had been enrolled within the last 12 months immediately prior to returning to a literally homeless location; <b>and,</b></li> <li>▪ Had continuously resided in a literally homeless location for at least 12 months OR cumulatively over four occasions that totaled at least 12 months over the previous 3 years <b>prior to intake and enrollment in the permanent housing project within last year.</b></li> </ul>	<p>Current Living Situation:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts;</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance; <b>and,</b></li> </ul> <p>Prior Living Situation – Permanent Housing:</p> <ul style="list-style-type: none"> <li>▪ HMIS record of enrollment or other documentation verifying that the household had been enrolled in and exited from a permanent housing project within the last year.</li> </ul> <p>History Prior to Residing in Permanent Housing:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul>

4. Residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project.

<b>Homelessness Eligibility Standard</b>	<b>Acceptable Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing</b> in the transitional housing portion of a Joint TH and PH-RRH component project; <b>and,</b></li> <li>▪ Continuously resided in a literally homeless location for at least the 12 months <b>OR</b> cumulatively over four occasions that totaled at least 12 months over the previous 3 years <b>prior to intake and enrollment into the Joint TH and PH-RRH component project.</b></li> </ul>	<p>Current Living Situation:</p> <ul style="list-style-type: none"> <li>▪ HMIS enrollment record of current enrollment in the Joint TH-RRH project; or,</li> <li>▪ Other documentation from the agency operating the Joint TH-RRH verifying that the household is currently residing in the TH portion of the program; <b>and,</b></li> </ul> <p>History Prior to Residing in TH funded by Joint Component Project:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul>

5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions.

<b>Homelessness Eligibility Standard</b>	<b>Acceptable Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing</b> in a literally homeless location OR institution where they resided less than 90 days and had resided in a literally homeless location prior to entering institution; and,</li> <li>▪ Has cumulatively resided in a literally homeless location for at least 12 months over the previous 3 years <b>prior to intake and enrollment in DedicatedPLUS</b> but over a period of fewer than 4 occasions.</li> </ul>	<p>Current Living Situation:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul> <p>Prior History of Homelessness:</p> <ul style="list-style-type: none"> <li>▪ HMIS (or other database) record of stays in an emergency shelter or outreach contacts; or,</li> <li>▪ Written verification from third-party source: service provider, healthcare professional, law enforcement officer of one or more encounter (<a href="#">FAQ 2760</a>); a community member (<a href="#">FAQ 2759</a>); or an outreach worker or intake worker observation (<a href="#">FAQ 2758</a>); or,</li> <li>▪ Written verification completed by person seeking assistance</li> </ul>

6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

<b>Homelessness Eligibility Standard</b>	<b>Acceptable Documentation</b>
<ul style="list-style-type: none"> <li>▪ <b>Currently residing</b> in a program funded through a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intake worker may accept any form of documentation from the VA that was used to determine that the Veteran chronically homeless at the initial point of intake into the VA's homeless assistance system.</li> </ul>

*This resource is prepared by technical assistance providers and intended only to provide guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.*

## Appendix: SAMPLE DEDICATEDPLUS ELIGIBILITY DOCUMENTATION CHECKLIST

An individual or family meets the eligibility criteria for DedicatedPLUS if the head of household has a disability and they meet **any** of the following criteria at project entry (in any order):

7. Experiencing [chronic homelessness as defined in 24 CFR 578.3<sup>4</sup>](#);
8. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
9. Residing in a place not **meant** for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
10. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
11. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; **or**
12. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Documenting Current Living Situation	
<b>Head of Household Name<sup>5</sup>:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Head of Household has Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 1: Current Housing Status</b>	
<b>Head of Household is currently residing:</b> <input type="checkbox"/> In Emergency Shelter <input type="checkbox"/> On the Streets/Place not Meant for Human Habitation <input type="checkbox"/> In a Safe Haven <input type="checkbox"/> In an Institutional Care Facility (Where they have been for fewer than 90 days) <input type="checkbox"/> In Transitional Housing being eliminated <input type="checkbox"/> In Transitional Housing portion of Joint Component TH-RRH Project <input type="checkbox"/> VA-funded Homeless Assistance Program	
<b>Location Name/Address:</b>	
<b>Documentation Type:</b> <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. (must include description of situation and attach documentation of steps to obtain evidence)	
<b>Notes:</b>	
DedicatedPLUS Homelessness Documentation Checklist - Page 1 of 4 (Not including Attachments)	

<sup>4</sup> Recipients may choose to designate one or more of their DedicatedPLUS PSH units as dedicated, meaning that those units must exclusively serve persons experiencing homelessness. This is not required.

<sup>5</sup> Head of household must be an adult unless there are no adults present in the household

## Part 2: Homelessness History

All households served in *DedicatedPLUS* must have experienced at least 12 months of homelessness in an eligible location (either in the last 3 years or prior to entering TH being eliminated, TH portion of TH-RRH, PH where household previously resided). Use this tool to help track that those prior months of homelessness (and breaks) as well as the type of documentation obtained).

Prior Mo.	Month #1	Month # 2	Month #3	Month #4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month #10	Month #11	Month #12	
Mo./Yr.													
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type <i>Check One (Except Self-Cert. select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Break Mo./Yr. & Descr.	Break 1:
	Break 2:
	Break 3:

Notes	
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Key Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description



### **Part 3: Disability Status**

*The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that*

- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

The head of household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- Other:

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

**Disability Notes:**

### Part 3: Disability Status

*The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that*

- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

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### Part 4: Staff and Head of Household Certifications

#### Head of Household Certification:

*To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify \_\_\_\_\_ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

**Head of Household Name:**  
**(Printed)**

**Client Signature:**

**Date:**

#### Staff Certification:

*To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.*

<b>Staff Name: (Printed)</b>	<b>Staff Signature:</b>	<b>Date:</b>
<b>Staff Role:</b>	<b>Agency:</b>	

**Notes:**