



Continuum of Care (CoC) Permanent Supportive Housing (PSH) DedicatedPLUS Eligibility Documentation Checklist

Head of Household Name:	Client UID:
Part 1: Current Housing Status	
Head of Household is currently residing:	
<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	
Part 2: DedicatedPLUS Eligibility Criteria	
The head of household has a disability and we are providing documentation that, to the best of our knowledge, supports they meet at least one of the following criteria at project entry (check the applicable eligibility criteria):	
<input type="checkbox"/> Experiencing chronic homelessness as defined in 24 CFR 578.3	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	
<input type="checkbox"/> Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PHRRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	



Part 3: Required Documentation

The following documentation has also been submitted as part of the application packet:
(must check all boxes)

- 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 Head of Household 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.
- Evidence all household members are U.S. citizens/legal residents.

Part 4: Access Point 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 and as part of the application packet 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.

Head of Household Name: (Printed)

Client Signature:

Date:

Staff Certification:

To the best of my knowledge and ability, all of the information in this document and as part of the application packet that is used to determine eligibility is true and complete.

Staff Name: (Printed)

Staff Signature:

Date:

Staff Role:

Agency:

Notes: