

COALITION for the HOMELESS

Educate Advocate Coordinate

Louisville Metro Continuum of Care Required Information and Documentation

Applicant Name	Social Security Number	Date of Birth	Today's Date
Referral Source	Contact Person	Phone Number	
Intake Person's Name	Intake Agency		

VERIFICATION OF HOMELESSNESS

In order for this agency to serve someone using HUD CoC or ESG funds, he/she MUST meet at least one of the following situations AND the required documentation must be present to verify his/her situation.

Where did this person/family sleep last night?	Check at least one	Documentation Required	Documentation Attached	Super. Init.
On the street or in a place not meant for human habitation		Preferred: A signed and dated general certification from an outreach worker verifying that this person is homeless and indicates where this person slept last night. Acceptable: A signed and dated statement from a third party stating that this person is homeless and indicates where this person slept last night.		
In an emergency shelter for homeless persons.		A signed and dated referral from the emergency shelter's staff AND where the person was residing/sleeping the night prior to entering the emergency shelter.		
In a transitional program for homeless persons.		A signed and dated verification from the transitional program's staff that includes when the person resided in the transitional program AND where the person was residing/sleeping prior to entering the transitional program.		
In a private dwelling but is being evicted AND has no place else to go.		Documentation of the following: <ul style="list-style-type: none"> • Income • Efforts to obtain housing • Why the person would be on the street without the assistance from this agency AND • One of the following: <ul style="list-style-type: none"> ○ Documentation of formal eviction proceedings OR ○ A signed and dated statement from the family member who is evicting the participant that includes: <ul style="list-style-type: none"> ▪ Date the person is to be out of the dwelling (Must be within the week of receiving assistance from this agency) AND ▪ A statement that the person cannot return. 		
In an institution where he/she was staying for less than 31 days AND who previously resided on the street or in an emergency shelter.		A signed and dated statement from the facility that the person has been there less than 31 days AND verification of where the person was residing prior to entering the facility.		

In an institution where he/she was staying for more than 30 days AND has no place else to go.		A signed and dated statement from the institution of discharge within one week of the person receiving assistance from this agency stating the following: <ul style="list-style-type: none"> • Documentation of income • Documentation of efforts to obtain housing AND • A statement of why this person would be homeless without assistance from this agency. 		
Is fleeing a domestic violence situation.		A written, signed and dated verification of the domestic violence situation from the possible client.		

VETERAN STATUS

In order to obtain Veteran Status, a person **MUST** meet at least one of the two conditions listed below.

1. Has this person served in the U.S. Armed Forces?
2. Was this person activated into active duty as a member of the National Guard or as a Reservist?

Yes or No

If this person answered "YES" to EITHER of the above two questions, please refer them to the VA Outreach team.

Has this person been given information necessary for meeting with the VA Outreach Team?

Please list the date this information was given.

Referral information: The VA Outreach Team regularly visits the following agencies. Please check with one of these agencies for information regarding when the VA Outreach team is available. St. John 568-6758, Wayside 584-3711, Salvation Army 625-1170 and Haven House in Indiana 812-284-3373.

CHRONIC HOMELESSNESS

In order to be considered chronically homeless the person or family **MUST** meet both of the following.

1. This person is an unaccompanied individual (18 or older) with a disabling condition OR is a family with at least one adult member (18 or older) who has a disabling condition.

AND

2. This person/family has been continually homeless for at least 1 year OR has been on the streets or in an emergency shelter 4 or more times in the last 3 years.

AGE DETERMINATION

1. Is this person age 55 or older?

If yes, would this person be an appropriate referral for housing dedicated for seniors?

If yes, has this possibility been explored?

SOAR SCREENING

All persons served by CoC and ESG funded projects are to be screened for SOAR eligibility. This screening is intended to assist shelter staff in making appropriate referrals to the SOAR program for further assessment.

1. Has this person been unable to work, or has he/she had a drastic decrease in the ability to work in the last year because of a medical or mental health issue?

If yes, this person may be an appropriate SOAR referral. Please list the date this person was referred to a SOAR trained employee at your agency.

If your agency employs someone who has completed the SOAR training, please refer this client to that person. (Agencies should make every effort to refer clients to their own employees who have been SOAR trained. If your agency does not have a SOAR trained employee, Janice Downs will be happy to give you the appropriate information regarding the next SOAR training.)

Client signature: _____ Date: _____

Intake worker's signature: _____ Date: _____