

CHRONICALLY HOMELESSNESS CERTIFICATION

The Home For Good Santa Barbara Coordinated Entry System (CES) requires written documentation of chronically homeless program applicants. Please complete this certification form and provide supporting documents described on the attached page.

Please note: In order to qualify as chronically homeless, an applicant must have a disabling condition. The CES will obtain a separate verification of disability.

Name of Chronically Homeless Person: _____

Chronically Homeless Status (please check only one box)

An individual or family who:

- Has been continuously homeless for more than one year (either living in the streets, other places not meant for human habitation, or in an emergency shelter or some combination of these places)

- Has had at least four episodes of homelessness in the past three years that together include at least twelve months of homelessness (an episode is defined as living in the streets, other places not meant for human habitation, or in an emergency shelter).

I certify that the above information is correct to the best of my knowledge.

Case Manager, Outreach Worker, Shelter Staff Signature

Date

Print Name

Date

Executive Director or Designee Signature

Date

Applicant Signature

Date

Supporting Documentation must be attached (see attached page for instructions)

Instructions for Chronically Homeless Certification

The Chronically Homeless Certification should be completed and signed by an individual that has had contact with and has some knowledge of the chronically homeless person named on the certification, such as an outreach worker, drop-in center worker or shelter staff person.

The person completing the certification must attach a brief statement attesting that:

- The homeless person named in the certification is currently either living in the streets, place not meant for human habitation, or an emergency shelter.
- To the best of this staff person's knowledge, the homeless person has been homeless either for 12 consecutive months or for a total of 12 or more months spread out over 4 or more times in the past 3 years.

The statement should include any information about the homeless person's activities that help document his or her history of homelessness (e.g. showering at drop-in center for past two years).

If the staff person providing the certification has known the homeless person for less than 12 months, he or she should include a statement from the homeless person attesting to his or her past history of homelessness. This certification should include information (e.g. dates and locations) about previous emergency shelter and/or street stays. This statement should be signed by the homeless individual.

What is a disabling condition?

A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

What is an episode of homelessness?

An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

Who is chronically homeless?

A person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all the requirements described above prior to entering that facility.