

Case Conference Documentation Submission Guide

Send all documents through the Submission Portal: <https://vchsa.org/hmis-submit/form/en>



*This optional tool is to assist you in verifying that ALL required documents are included with your packet for case conference consideration. **Completed packets MUST be received by NOON on Wednesday the week before case conference. Incomplete packets may cause delay in scheduling.***

NOTE: Documentation MUST be for the client being referred for Case Conference. Household member or companion documentation will not be accepted.

For Permanent Housing (PH) w/Disability, Literal or Imminent Risk of Homelessness, or Fleeing Domestic Violence:

- Case Conference form
- VC CoC Homeless Certification Documentation Packet:
 - Pages 1-4 (*checklist and client information*)
 - Page 5-7 (*self-statement or verifications specific to client*)
 - Page 8 (*for PH w/Disability only; SSI or SSDI statement acceptable*)
 - Page 9 (*for PH w/Disability only; **MUST** be completed **regardless** of page 9 or SSI/SSDI submittal*)
 - Page 10 (*client certification*)
- Current Vulnerability Assessment Tool (VAT) (*Please send with packet **in addition** to uploading to HMIS*) **—OR—** At-Risk Prioritization Tool (*if client is at risk*)
- If HMIS history is being utilized as verification of homelessness, please include a printout from the client's Entry/Exit tab.
- New or updated HMIS entry in CES Pathways to Home (197). Also complete the "Coordinated Entry Assessment" at the bottom of the page including your provider information and run an eligibility module.

For Chronic Homelessness:

- Case Conference form
- VC CoC Chronic Homeless Documentation Packet:
 - Pages 1-3 (*checklist and client information*)
 - Page 4 (*housing history*)
 - Page 5 (*if breaks are indicated*)
 - Pages 6-8 (*self-statement or verifications specific to client*)
 - Page 9 (*certification of disability*) **—OR—** SSI/SSDI statement.
 - Page 10 (***MUST** be completed **regardless** of page 9 or SSI/SSDI submittal*)
 - Page 11 (*client certification*)
- Current Vulnerability Assessment Tool (VAT) (*Please send with packet **in addition** to uploading to HMIS*)
- If HMIS history is being utilized as verification of homelessness, please include a printout from the client's Entry/Exit tab.
- New or updated HMIS entry in CES Pathways to Home (197). Also complete the "Coordinated Entry Assessment" at the bottom of the page including your provider information and run an eligibility module.

For Transitional Housing:

- Case Conference form
- Current Vulnerability Assessment Tool (VAT) **—AND/OR—** At-Risk Prioritization Tool. (*Please send with packet **in addition** to uploading to HMIS*)

Ventura County Continuum of Care Homeless Documentation Checklist

Instructions: This recommended checklist should be used as a guide to confirm homeless status eligibility for housing programs.

Please use the attached forms, to satisfy HUD requirements for Permanent Housing eligibility.

DISABILITY DOCUMENTATION

Check and include documentation of one of the following. The diagnosis must be verified and documented by a licensed professional who can diagnose and is currently treating the condition.

- A diagnosable substance abuse disorder causing an impairment due to alcohol or drug abuse
- A developmental disability
- A serious mental illness
- A posttraumatic stress disorder, or brain injury
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.
- Other

Supportive Documentation Required for Disability (*attach one*)

- A letter from a medical professional attesting to the presence of the condition and is signed by a licensed professional that is able to diagnose and treat the noted condition the state of California.
- (SSI, SSDI or Veteran's Disability) A written verification from the SSA/VA or a copy of the disability check is attached.

CRITERIA FOR DEFINING HOMELESS

Category 1: Literally HOMELESS STATUS:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2: Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 4: Fleeing/ Attempting to Flee DV

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Reviewed On (Date): _____ Signature(SME)_____

Supportive Documentation Required for Homeless Status: Attach one or more of the following. Documentation must include the client is Category 1: Literally Homeless Status, Category 2: Imminent

Risk of Homelessness or Category 4: Fleeing/ Attempting to Flee DV. Examples of documentation to be included are listed below:

Category 1: Literally HOMELESS STATUS

- Certification letter(s) from an emergency shelter for the homeless OR
- Certification letter(s) from a homeless service provider or outreach worker OR
- Certification letter(s) from any other health or human service provider OR
- Self-Certification from the individual or head of household seeking assistance

- For individuals exiting an institution- one of the forms of evidence above AND:
 - Discharge paperwork or written/ oral referral, or
 - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

Category 2: Imminent Risk of Homelessness

- A court order resulting from an eviction action notifying the individual or family that they must leave; OR
- For individual and families leaving a hotel or motel- evidence that they lack the financial resources to stay OR
- A documented and verified oral statement AND
- Certification that no subsequent residence has been identified AND
- Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing

Category 4: Fleeing/ Attempting to Flee DV

For victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker

For non-victim service providers:

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND
- Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Criteria and Recordkeeping Requirements for Definition of Homelessness Resource:

https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf,

Additional Supportive Documentation for Veterans and Income

Supportive Documentation Required Veteran Status (if applicable):

The DD Form 214, Certificate of Release or Discharge from Active Duty

Additional questions:

- 1) Yes or No : Person served in the active military, naval or air service of the U.S. or as a member of the National Guard for a period of not fewer than 90 consecutive days or was discharged from service due to a service-related disability. This includes veterans with other-than-honorable discharges.
- 2) Yes or No : Is the Veteran connected to VA Healthcare? If no, refer to Oxnard VA Clinic 805-204-9135 to establish healthcare services.
- 2) Yes or No : The DD 214 Form is attached. If no, refer to Veteran Services Office 805-477-5155 to make an appointment.

Supportive Documentation Required for Income Verification (if applicable):

Third-party income verification will be required from all sources, including but not limited to:

- Employment, Self-Employment
- Savings and checking
- Pension
- Disability
- Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
- Government assistance, A.F.D.C., food stamps, etc
- Social Security
- Child Support/Alimony
- Non-Tuition Financial Aid.

Client Name:	Date of Birth:
Number in Household:	Client Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No
Part 1: Current Housing Status	
<p><i>Client must currently be in one of these locations to be considered literally homeless, imminent risk or fleeing/ attempting to flee DV.</i></p> <p>Client is currently residing:</p> <p> <input type="checkbox"/> In an Emergency Shelter <input type="checkbox"/> On the Streets/Place not Meant for Human Habitation (car, encampment, etc) <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"/> Imminent Risk of Homelessness <input type="checkbox"/> Imminent Risk of Homelessness due to Fleeing/ Attempting to Flee DV </p>	
Start Date: _____	End Date: _____
Location Name/Address:	
Current Housing Status Notes:	

Third Party Verification of Homeless Status

Instructions: This form can be completed by an outreach work, social service provider, healthcare provider, law enforcement officer, shop keeper, neighbor, friend, community member or qualified person who can verify the client's homeless status. A letter or email from a provider is also acceptable documentation.

Please specify where you **physically witnessed/observed** the client living and your relationship to the client:

Dates: __Month__ / __Day__ / __Year__ (example)

____ / ____ / _____,	____ / ____ / _____,	____ / ____ / _____,
____ / ____ / _____,	____ / ____ / _____,	____ / ____ / _____,
____ / ____ / _____,	____ / ____ / _____,	____ / ____ / _____,
____ / ____ / _____,	____ / ____ / _____,	____ / ____ / _____,

I certify that _____ has been homeless and staying in places not meant for human habitation or emergency shelters for the periods of time listed above:

Signature: _____

Date: _____

Title: _____

Phone: _____

Referral from Outside Service Provider Verification of Homeless Status

Instructions: This form can be completed by a social service provider, healthcare provider, or qualified person who provided services to the client and the client reported they are homeless. A letter or email from a provider is also acceptable documentation.

Please specify where your **client presented for services, where THEY reported to be living and your relationship** to the client:

Dates: ___Month___/___Day___/___Year___ (example)

_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____

I certify that _____ has been homeless and staying in places not meant for human habitation or emergency shelters for the periods of time listed above:

Signature: _____

Date: _____

Title: _____

Phone: _____

Self-Statement Certification

I certify that I was homeless **OR** At-Risk of Homelessness **OR** Fleeing/ Attempting to Flee DV during the time noted below:

Date _____/_____/_____, I lived at _____
 Date _____/_____/_____, I lived at _____
 Date _____/_____/_____, I lived at _____

What else would you like to share about your history? For example, *“I can’t remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”*

I certify that the above information is correct.

 (Signature of Client) (Date)

I reviewed the above statement with the client.

 (Signature of Staff Witness) (Organization) (Date)

Intake Worker: What steps were taken to verify this information? _____

**Permanent Housing
 Certification of Disability for Program Eligibility Purposes**

(form to be completed by a licensed professional, certified to treat the condition listed below)

RE: _____

(Name of Applicant/Resident)

I authorize the release of information, relative to my physical or mental impairment, to _____ to verify whether my disability is covered by the definitions below. This information will be used to verify my eligibility for the housing program.

Client Signature: _____ Date: _____

The individual named above is an individual with **(Check appropriate box(es) if the Professional has diagnosed and is currently treating the specific Disability):**

Regulations in H.E.A.R.T.H. Act require that the disability must always be specifically identified in order to be able to confirm eligibility.

- Mental Disability (Serious mental illness) _____
- Chronic Physical Illness or Disability _____
- Developmental Disability _____
- Substance Use Disorder _____
- Post-Traumatic Stress Disorder _____
- Cognitive impairments resulting from brain injury _____

In my professional opinion, the applicant meets the definition of a Disabled Person, as defined above.

Signature

Date

Printed Name

Phone Number

Professional Title

Email

Address City State Zip

(Please complete back of form)

**Permanent Supportive Housing
 Certification of Disability for Program Eligibility Purposes**

The definition of a disabled person includes a person who meets any one of the following criteria:

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;*
 - I. Substantially impedes the individual's ability to live independently;*
 - II. Could be improved by the provision of more suitable housing conditions; and*
 - III. 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.*

In my professional opinion, the applicant meets the definition of a Disabled Person, as defined above.

 Professional Title Signature

 Date

 Printed Name

 Phone Number



Part 4: Client 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.

Client Name: (Printed)	Client Signature:	Date:
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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.

Staff Name: (Printed)	Staff Signature:	Date:
Staff Role:	Agency:	

Notes: