# Homeless Status - Documenting

| **Applicable Program** | **Category** | **Definition** | **Acceptable Types of Documentation** |
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| **EHA, ERA, HSP, SHAP** | **Category 1** | **Literally Homeless** | 1. Written referral by another housing or service provider; OR 2. Written observation by the outreach workers; OR 3. Certification by the individual or HoH seeking assistance stating that (s)he was living on the streets or in shelter; OR 4. For individuals exiting an institution-one of the forms of evidence above AND 5. Discharge paperwork or written/oral referral; OR written record of intake worker’s due diligence to obtain above evidence and self-certification that they exited institution |
| **EHA, ERA, HSP, SHAP** | **Category 2** | **Imminent Risk of Homeless-ness** | 1. A court order resulting from an eviction action notifying the individual or family that they must leave; OR 2. If leaving a hotel/motel, evidence that they lack the financial resources to stay; OR 3. A documented and verified oral statement; AND 4. Certification that no subsequent residence has been identified; AND 5. Self-certification or other written documentation that the individual/family lacks the financial resources and support network necessary to obtain permanent housing |
| **EHA, ERA, HSP, SHAP** | **Category 3** | **Homeless under other Federal Statutes** | 1. Certification by the non-profit, state, or local government that the individual or HoH seeking assistance met the criteria of homelessness under another Federal statute; AND that they have not had PH in the last 60 days; AND documentation that (s)he has moved two or more times in the past 60 days; AND documentation of special needs or 2 or more barriers |
| **EHA, ERA, HSP, SHAP** | **Category 4** | **Fleeing/ Attempting to Flee DV** | 1. *For victim service providers:* 2. An oral statement by the individual or HoH seeking assistance, which states that they are fleeing DV, they have no subsequent residence, AND they lack resources. Statement must be documented by a self-certification or a certification by the intake worker 3. *For non-victim service providers:* 4. Oral statement by the individual or HoH seeking assistance that they are fleeing DV. Statement must be 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 5. Certification by the individual or HoH that no subsequent residence has been identified; AND that they lack the financial resources and support networks to obtain other PH |
| **EHA, ERA, HSP** | **Category 5** | **Unstably Housed** | 1. Written documentation from current residence that they are losing their housing; OR 2. Written observation by the outreach workers; OR 3. Certification by the individual or HoH seeking assistance stating that (s)he is at risk of losing their housing and does not qualify as homeless under one of the other homeless definitions, AND that they have been notified to vacate their residence or otherwise demonstrate a risk of losing current housing, AND that they lack the resources or support networks to obtain other permanent housing |