

| Guide for Review of Homeless and At-Risk Determination/Recordkeeping Requirements | | | |
|--|--|-------------|--|
| Name of Recipient: | | | |
| Name of Subrecipient(s): | | | |
| Project Number: | | | |
| Staff Consulted: | | | |
| Name(s) of Reviewer(s) | | Date | |

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must select "NO" in response to the question and make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: This is a MANDATORY review for Continuum of Care Program (CoC) grants. This Exhibit is divided into three sections: General Recordkeeping Requirements; Specific Recordkeeping Requirements for the Definition of Homeless; and Specific Recordkeeping Requirements for the Definition of At-Risk of Homelessness. It is intended to be used to determine whether the appropriate documentation has been maintained by a recipient/subrecipient and is designed to augment the review of the recipient's or subrecipient's projects to determine whether program participants' eligibility has been adequately documented in terms of their homeless or at-risk of homelessness status upon entry into the program. This Exhibit is not intended to determine program participant eligibility. To determine whether an individual or family is eligible for a particular activity, the HUD reviewer must review the CoC Program regulation, the Fiscal Year (FY) Notice of Funds Availability (NOFA) under which the project was funded, the grant agreement, and the applicable written standards of the CoC.

To monitor this area:

1. Request a listing from the Homeless Management Information System (HMIS) of project program participants (current and former), including their entry dates.
2. Select a random sample from both current and former program participants (use items other than program participant names, i.e., initials, case file numbers; apartment numbers, to identify program participants).
3. Review these program participant files to complete the questions in this Exhibit, supplemented by recipient staff interviews.

The HUD reviewer is responsible for determining whether sufficient supporting documentation is included in or is missing from the program participant relevant files to support conclusions, including any finding(s) and/or concern(s) noted in the final monitoring report.

A. GENERAL RECORDKEEPING REQUIREMENTS

1.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Do the records demonstrate that the recipient had written intake procedures in place to ensure that documentation of program participants' homeless status is maintained in accordance with the program requirements? [24 CFR 578.103(a)(3)-(4); 24 CFR 576.500(b); 24 CFR 576.500(c)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| Describe Basis for Conclusion: | | | |
| | | | |

2.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Do the records demonstrate that the written intake procedures require obtaining documentation at project intake of the evidence relied upon to establish and verify homeless status? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| Describe Basis for Conclusion: | | | |
| | | | |

3.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Do the records demonstrate that the recipient/subrecipient followed the written intake procedures? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| Describe Basis for Conclusion: | | | |
| | | | |

4.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Do the recipient's/subrecipient's written intake procedures establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third-party documentation; (2) intake worker observations; and (3) self-certification? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| Describe Basis for Conclusion: | | | |
| | | | |

5.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Does a representative sample of records suggest compliance with the requirement that lack of third-party documentation must not prevent an individual or family from receiving street outreach services or receiving services provided by a victim service provider? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| Describe Basis for Conclusion: | | | |
| | | | |

6.

| | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|----|-----|
| <p>If the recipient/subrecipient is using HMIS or a comparable database to document program participants' homeless status, does the HMIS or comparable database retain an auditable history of all entries, including identification of the person who entered the data, the date of entry, and the change made, and does the HMIS prevent overrides or changes of the dates on which entries are made?</p> <p>NOTE: Recipients/subrecipients are not required to use their HMIS as evidence of homeless status but, if they do use their HMIS, the HMIS must meet these requirements. The HUD reviewer can determine whether the HMIS was used by asking the recipient or subrecipient, or by reviewing the case file and identifying whether HMIS printed records were included in the record.</p> <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)]</p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

7.

| | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|----|-----|
| <p>Where a disability is required for entry into a project (e.g., Permanent Supportive Housing), does a review of program participant files confirm that there is acceptable evidence of the qualifying individual's disability? The requirements for documenting disability are:</p> <ol style="list-style-type: none"> a. written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently; b. written verification from the Social Security Administration; c. the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); d. intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in paragraph (c)(1), (2), (3), or (4) of this section; or e. other documentation approved by HUD. <p>[24 CFR 578.37(a)(i); 24 CFR 578.103(a)]</p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

B. DETAILED RECORDKEEPING REQUIREMENTS FOR INDIVIDUALS AND FAMILIES QUALIFYING UNDER THE HOMELESSNESS DEFINITION**8. PARAGRAPH 1 – HOMELESS DEFINITION**

| | |
|---|---|
| <p>For program participants who qualified because their primary nighttime residence was a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground, or because they were living in a supervised shelter designed to provide temporary living arrangements, does a review of program participant files include one of the following:</p> <ul style="list-style-type: none"> a. a written referral by another housing or service provider; b. a printed record from HMIS or a comparable database used by a victim service or legal service provider; c. a written observation by an outreach worker of the conditions where the individual or family was living; or d. a written certification by the individual or head of household seeking assistance? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(1)]</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A |
| <p>Describe Basis for Conclusion:</p> | |

9. PARAGRAPH 1 – HOMELESS DEFINITION

| | |
|---|---|
| <p>For program participants who qualified as homeless because they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution, does a review of program participant files confirm that they were in the institution 90 days or less as evidenced by:</p> <ul style="list-style-type: none"> a. discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution, or b. a written record of the intake worker's due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less? <p>NOTE: Intake workers must document the content of oral statements. Where the intake worker is unable to contact an appropriate official, the intake worker must document his/her due diligence in attempting to obtain a statement from the institution.</p> <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(2)]</p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A |
| <p>Describe Basis for Conclusion:</p> | |

10. PARAGRAPH 1 – HOMELESS DEFINITION

| | |
|---|--|
| <p>For program participants who qualified as homeless because they were exiting an institution where they resided for 90 days or less and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution, does a review of program participant files confirm that the program participant resided in a shelter or place not meant for human habitation immediately prior to entering the institution, as evidenced by:</p> <ul style="list-style-type: none"> a. a written referral by another housing or service provider; b. a printed record from HMIS or a comparable database used by victim service providers or legal service providers; c. a written observation by an outreach worker of the conditions where the individual or family was living; or d. written certification by the individual or head of household seeking assistance? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(2)]</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p> |
| <p>Describe Basis for Conclusion:</p> | |

11. PARAGRAPH 2 – HOMELESS DEFINITION

| | |
|---|--|
| <p>For program participants who qualified under paragraph (2) of the homeless definition, does a review of program participant files contain the following evidence that program participants would have lost their primary nighttime residence (including housing they own, rent, or share with others) within 14 days of the date of application for homeless assistance:</p> <ul style="list-style-type: none"> a. a court order resulting from an eviction action notifying the individual or family that they must leave within 14 days of the date of their application for homeless assistance, or the equivalent notice under state law, a Notice to Quit, or a Notice to Terminate issued under state law; b. if the primary nighttime residence was a hotel or motel room not paid for by federal, state, or local government programs for low-income program participants or by charitable organizations, evidence that the individual or family lacked the resources necessary to reside there for more than 14 days from the date of application for homeless assistance; or c. an oral statement by the individual or head of household seeking assistance that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days from the date of application for homeless assistance? The statement must be documented by the intake worker. Also, the oral statement was found credible by one of the following: <ul style="list-style-type: none"> (1) a written certification by the owner or renter of the housing or the intake worker's documentation of the owner or renter's oral statement, or | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p> |
|---|--|

| | |
|---|--|
| <p>(2) if the owner or renter of the housing cannot be reached, a written description and certification of the intake worker’s due diligence in contacting the owner or renter and a written certification by the head of household seeking the assistance that their statement is true and complete. [24 CFR 578.103(a)(3); 24 CFR 576.500(b)(3)(i)]</p> | |
| <p>Describe Basis for Conclusion:</p> | |

12. PARAGRAPH 2 – HOMELESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>For program participants who qualified under paragraph (2) of the homeless definition in 24 CFR 578.103, does a review of program participant files contain:</p> <ul style="list-style-type: none"> (1) certification from the individual or head of household that no subsequent residence has been identified; and (2) certification or other written documentation that the individual or family lacks the resources or support networks to obtain other permanent housing. <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(3)(ii) and (iii)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

13. PARAGRAPH 3 – HOMELESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>For youth and families who qualified under paragraph (3) of the homeless definition, does a review of the program participant files confirm that the unaccompanied youth or family with children and youth met the homeless definition of another federal statute as evidenced by a certification of homeless status signed by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under that statute [24 CFR 578.103(a)(3); 24 CFR 576.500(b)(4)(i)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

14. PARAGRAPH 3 – HOMELESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>For youth and families who qualified under paragraph (3) of the homeless definition, does a review of program participant files confirm that the program participants did not have not a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance, as evidenced by the following:</p> <ul style="list-style-type: none"> a. written certification by the head of household seeking assistance, or b. written observation by an outreach worker, c. or referral by a housing or service provider? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(4)(ii)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

15. PARAGRAPH 3 – HOMELESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>For youth and families who qualified under paragraph (3) of the homeless definition in 24 CFR 578.103, does a review of program participant files indicate that each program participant’s records contain a written self-certification that the program participant moved two or more times during the 60-day period immediately before the program participant applied for homeless assistance AND one or more of the following documentation, as applicable, to support the self-certification:</p> <ul style="list-style-type: none"> a. recorded statements or records obtained from each owner or renter of housing; provider of shelter or housing; or social worker, case worker; or other appropriate official of a hospital or institution in which the individual or family resided; b. a written record of the intake worker’s due diligence in attempting to obtain the above records; c. where a move was due to the individual or family fleeing domestic violence, dating violence, sexual assault, or stalking, written self-certification that they were fleeing that situation and they resided at that address? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(4)(iii)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

16. PARAGRAPH 3 – HOMELESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>For youth families who qualified under paragraph (3) of the homeless definition, does a review of program participant files confirm that the program participants' persistent instability was likely to continue for an extended period of time because of: chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or dating violence or childhood abuse; the presence of a child or youth with a disability; two or more barriers to employment (including lack of high school degree or GED; illiteracy; low English proficiency; a history of incarceration; or detention for criminal activity; and/or a history of unstable employment as evidenced by:</p> <ol style="list-style-type: none"> for chronic disabilities, chronic physical health or mental health conditions, and substance addiction – a written diagnosis from a professional who is licensed by the state to diagnose or treat those conditions; or for barriers to employment – employment records, literacy or English proficiency tests, department of corrections records; or any other reasonable documentation of any of the conditions in the criteria? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(4)(iv)]</p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

17. PARAGRAPH 4 – HOMELESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified under paragraph (4) of the definition of homeless and was served by a victim service provider, do the records show that either the program participant or the intake worker certified in writing that the individual or head of household made an oral statement that the program participant:</p> <ol style="list-style-type: none"> was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking, or other dangerous or life threatening conditions that relate to violence; lacked the resources or support networks necessary to obtain other permanent housing; and had not identified other subsequent residence? <p>[24 CFR 578.103(a)(3); 24 CFR 576.500(b)(5)]</p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

18. PARAGRAPH 4 – HOMELESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-----|----|-----|
| <p>Where the program participant qualified under paragraph (4) of the definition of homeless and was served by an organization that is not a victim service provider, do the records contain the required documentation and support for the program participant’s oral statement that the individual or family:</p> <ul style="list-style-type: none"> a. was fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking, or other dangerous or life-threatening conditions that relate to violence; b. lacked the resources or support networks needed to obtain other permanent housing; and c. had no other subsequent residence identified? <p>NOTE: The documentation of the program participant’s oral statement must include:</p> <ul style="list-style-type: none"> 1. a written certification by the head of household that the statement is true and complete; and 2. a written observation of the intake worker or a written referral by a housing or service provider, legal assistance provider, social worker, health care provider, law enforcement agency, pastoral counselor, or any other organization from whom the program participant had sought assistance for domestic violence, dating violence, sexual assault, or stalking. (This written referral or observation need only include the minimum amount of information required to document that the individual or family is fleeing domestic violence, dating violence, sexual assault or stalking and is not required if obtaining or maintaining this information would have jeopardized the program participant’s health or safety). <p>[24 CFR 578.103(a)(3)]</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;"><input type="checkbox"/></td> <td style="text-align: center; width: 33%;"><input type="checkbox"/></td> <td style="text-align: center; width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

C. DETAILED RECORDKEEPING REQUIREMENTS FOR INDIVIDUALS AND FAMILIES QUALIFYING UNDER THE AT-RISK OF HOMELESSNESS DEFINITION

NOTE: This portion of the Exhibit is for the At-Risk of Homelessness Definition – and does not include persons who met the criteria under “PARAGRAPH 2 – At Imminent Risk” of the Homeless Definition. Note that only recipients in a CoC that has been designated as a High Performing Community (HPC) are able to carry out homelessness prevention activities (as approved in their grant agreement). For Projects that DO NOT Serve Households At-Risk of Homelessness, please check N/A.

19. PARAGRAPH 1 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (1) of the definition, do the records reflect that the household's income is below 30 percent of the area median income, as evidenced by an income evaluation form containing HUD's minimum requirements and at least one of the following:</p> <ul style="list-style-type: none"> a. source documents for the assets held by the program participant and source document of the income received over the most recent period for which representative data is available before the date of intake; or b. written statement by the relevant third party (e.g., employer) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income of the program participant received over the most recent period for which representative data are available; or c. written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation? <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(1)(i)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

20. PARAGRAPH 1 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (1) of the definition, do the records reflect the program participant's written certification that the program participant has insufficient financial resources and support networks immediately available to attain housing stability and meets one or more of the conditions under paragraph (1)(iii) of the "at risk of homelessness" definition?</p> <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(1)(ii)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

21. PARAGRAPH 1 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (1) of the definition, do the records show reasonable efforts to verify that the program participant did not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the homeless definition, as evidenced by one of the following:</p> <ul style="list-style-type: none"> a. source documents (e.g., notice of termination from employment, bank statement, health care bill showing arrears); or b. a written verification by the relevant third party of written certification by the recipient's/subrecipient's intake staff of the oral verification by the relevant third party; or c. a written statement by the recipient's/subrecipient's intake staff of the efforts taken to obtain verification through source documents and relevant third parties? <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(1)(iii)]</p> | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

22. PARAGRAPH 1 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (1) of the definition, do the records show reasonable efforts to verify that the program participant met one of the seven conditions under paragraph (1)(iii), as evidenced by one of the following:</p> <ul style="list-style-type: none"> a. source documents that evidence one or more of the conditions; b. a written statement by the relevant third party or the written certification by the recipient's/subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or more of the conditions; or c. a written statement by the recipient's or subrecipient's intake staff that the staff person has visited the applicant's residence and determined that the applicant meets one or more of the conditions or, if a visit is not feasible or relevant to the determination, a written statement by the recipient's/subrecipient's staff describing the efforts taken to obtain the required evidence? <p>NOTE: The conditions are:</p> <ul style="list-style-type: none"> (1) has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance; (2) is living in the home of another because of economic hardship; (3) has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of the application for assistance; | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |

| | |
|---|--|
| <p>(4) lives in a hotel or motel and the cost is not paid by charitable organizations, federal, state, or local government programs for low-income individuals;</p> <p>(5) lives in an SRO or efficiency apartment in which there resides more than two persons, or lives in a larger housing unit in which there resides more than 1.5 persons per room, as defined by the U.S. Census Bureau;</p> <p>(6) is exiting a publicly-funded institution, or system of care, or</p> <p>(7) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness as identified in the ESG recipient’s Consolidated Plan.</p> <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(1)(iv)]</p> | |
| <p>Describe Basis for Conclusion:</p> | |

23. PARAGRAPH 2 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (2), do the records reflect that the program participant met the definition of homeless under one of the following Federal statutes, as evidenced by a certification of the child’s or youth’s homeless status by the agency or organization responsible for administering assistance under the statute:</p> <ul style="list-style-type: none"> a. Runaway and Homeless Youth Act; b. Head Start Act; c. Subtitle N of the Violence Against Women Act of 1994; d. Section 330 of the Public Health Service Act; e. The Food and Nutrition Act of 2008; f. Section 17 of the Child Nutrition Act of 1966? <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(2)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |

24. PARAGRAPH 3 – AT-RISK OF HOMELESSNESS DEFINITION

| | | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|------------|-----------|------------|
| <p>Where the program participant qualified as at-risk of homelessness under paragraph (3), do the records reflect that the child or youth in the household qualified as homeless under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act, as evidenced by certification of the child or youth’s homeless status by an agency or organization that administers assistance under the Education for Homeless Children and Youth Program?</p> <p>NOTE: Under this paragraph of At-Risk of Homelessness the certification need only specify that the child meets the definition under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act.</p> <p>[24 CFR 578.103(a)(4); 24 CFR 576.500(c)(2)]</p> | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Yes | No | N/A | | | | | |
| <p>Describe Basis for Conclusion:</p> | | | | | | | |