

Memphis/Shelby County Continuum of Care Chronic Homelessness Documentation Checklist for PSH Eligibility

This checklist should be used by referring staff to assess a client’s chronic homeless status and eligibility for Permanent Supportive Housing (PSH). It should serve as a cover page and be accompanied by the appropriate documentation.

Client Name:	Client DOB:	Client Clarity HMIS ID:			
Verification of Disability (VOD)					
<p>The evidence of disability is provided by:</p> <p><input type="checkbox"/> Verification of Disability (VOD) form signed by a professional licensed by the state to diagnose and treat the disability OR</p> <p><input type="checkbox"/> Proof of receipt of SSI/SSDI or VA Disability Benefits OR</p> <p><input type="checkbox"/> Written verification from Social Security Administration or VA</p>					
Verification of Chronic Homelessness (VOH)					
<p>The individual or head of household is currently living in a place not meant for human habitation, a safe haven, or an emergency shelter AND has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:</p> <p><input type="checkbox"/> Continuously for at least 12 months OR</p> <p><input type="checkbox"/> On at least 4 occasions in the last 3 years, where the combined occasions equal to at least 12 months, with each break in homelessness separating the occasions includes at least 7 nights of not living as described above.</p>					
History of Homelessness					
<p>Starting with the current (most recent) location, complete table below. Self-certification can be used for 3 of the 12 months of homelessness and <i>any</i> breaks in homelessness. Attach additional pages if necessary.</p> <p><i>Note:</i> Third-party verification of a single encounter with a provider on a single day of a month is sufficient to consider a client to be homeless for the entire month (e.g., an outreach contact on May 7, 2021 counts as verification of homelessness for the entire month of May 2021).</p>					
Occasion # or Break	Location of Stay	Verification Type Attached (HMIS, 3rd Party, or Self-Cert)	Start Date	End Date	Duration (# of months)
				Current Location	
Total Months Homeless (must be at least 12 months):					